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ABSTRACT

This Kids Count Data Book examines statewide trends in the well-being of Alaska's children. The statistical portrait is based on key indicators in six areas: (1) infancy, including prenatal care, low birth weight, and infant mortality; (2) economic well-being, including children living in poverty, children in single-parent households, and births to teenagers; (3) education, including dropout rates, teens not in school and not working, and children with disabilities at school; (4) child safety, including child death rate, teen violent death rate, and child abuse and neglect; (5) juvenile crime, including juvenile violent crime; and (6) health risks, including substance abuse and sexual activity. Following an introduction providing census information and a focus on early brain development, the report details the indicators in the areas mentioned above. A section of resources, including books, programs, and legislation, concludes the report, along with documentation of each of the indicators. Among the findings, the report indicates that: Alaska fared better than the national average in percentage of babies with low birth weight, percentage of children living in poverty, juvenile arrests for violent crime, and births to teens; Alaska fared at or near the national average for infant mortality rate, percent of single-parent families, percent of teens who drop out, percent of teens out of school and not working, and percent of children whose parents do not work full time; and Alaska fared worse that the national average for child death rate and teen violent death rate. (HTH)

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Kids Count Alaska 1998-99

Kids Count Alaska 1998-99 Data Book

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Advisory Council

When the **Kids Count Alaska** *program began in 1995, we established an advisory council made up of people familiar with the problems Alaska's children face. The council has helped guide the program and select indicators specific to Alaska.*

Bruce Botelho, Attorney General, State of Alaska

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The pressures of being a parent are equal to any pressure on earth.

John Lennon
British rock musician

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Introduction

Overview
Early Brain Development

The outside world shapes the brain's architecture. . .teaching the brain what to become.

Ronald Kotulak
Science writer, Chicago Tribune

Overview

Why Read This Data Book?

How are Alaska's children doing at the end of the twentieth century? Many are doing just fine—growing up healthy and safe. But others are not so fortunate. They live in poverty; they grow up without their fathers; they drop out of school; they have babies when they are children themselves. Too many—and even one is too many—die accidentally or intentionally. To help Alaska's children, policymakers and others need reliable information about conditions affecting children.

The Kids Count Alaska program is part of a nationwide effort, sponsored by the Annie E. Casey Foundation, to collect and publicize information about children's health, safety, and economic status, as measured by indicators that cover all the stages from birth through the late teens. The adjacent table shows how the well-being of children in Alaska and throughout the U.S. compare under the national Kids Count indicators. This book examines how Alaska's children are faring, as measured by those national indicators and other indicators we chose specifically for Alaska. Kids Count Alaska's goals are to:

- Develop regional figures for indicators
- Select indicators specific to Alaska
- Distribute information about the status of Alaska's children to policymakers, program administrators, teachers, and others whose work involves children
- Create an informed public, motivated to help improve children's lives
- Enhance efforts to improve the well-being of children and families

We hope the information Kids Count Alaska compiles and disseminates will become an important tool for Alaskans to use in developing policies and programs to help children and families.

Alaska And U.S. Average, 1996 National Kids Count Indicators

	Alaska	U.S.
Alaska Better Than National Average		
Percentage of babies with low birth weight	5.5%	7.4%
Percentage of children living in poverty[a]	10%	20%
Juvenile arrest rate for violent crime (per 100,000 youths 10-17)[b]	377	507
Births to teens (per 1,000 females 15-17)[c]	26	34
Alaska At or Near National Average		
Infant mortality rate (per 1,000 live births)	7.3	7.3
Percentage of single-parent families	26	27
Percentage of teens (ages 16-19) who drop out of school	9%	10%
Percentage of teens not in school and not working	10%	9%
Percentage of children whose parents don't work full time[d]	29%	30%
Alaska Worse Than National Average		
Child death rate (per 100,000 children 1-14)[e]	30	26
Teen violent death rate (per 100,000 teens 15-19)[e]	113	62

[a] *Based on the U.S. census bureau's poverty threshold figures, which are not adjusted for Alaska's higher living costs and may underestimate poverty in Alaska.*

[b] *1995 data. The national Kids Count program has now dropped this indicator.*

[c] *Before 1993, this indicator measured the rate of births to teenage girls 15 to 19. The Alaska regional figures later in this book are based on that previous definition.*

[d] *The national Kids Count program added this indicator in its 1999 data book. We have not calculated regional breakdowns for Alaska because the definition of full-time employment does not take into account different employment patterns in rural Alaska.*

[e] *Remember that these rates are based on small numbers of deaths and can therefore fluctuate sharply from year to year. The 1996 Alaska teen violent death rate is a revised figure from the Alaska Bureau of Vital Statistics.*

Note: *Alaska figures in this table may differ from later figures in the regional graphs. The figures above are from the national Kids Count program; our regional figures may be based on different years and are sometimes measured differently.*

Source: *Annie E. Casey Foundation,* **Kids Count Data Book,** *1999*

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Introduction (continued)

Criteria and Regions

The table below shows how the number of children in Alaska (by age, sex, and race) and their place in the total population changed in the 1990s. The map on the facing page shows Kids Count Alaska regions.

The Annie E. Casey Foundation has a set of criteria for selecting the statistical indicators used in the national Kids Count Data Book. In choosing additional indicators for Kids Count Alaska, we used similar criteria. The data and indicators share some characteristics.

- **Reliability.** All the data come from government agencies and have been previously released in other forms.
- **Availability and consistency over time.** Comparability of data must not be affected by changes over time in methods or policies.
- **Availability and consistency across regions.** This essentially means data collected by governments or national organizations, so the statistics are comparable across regions.
- **Continuing availability.** We want a series of indicators tracking changes in the well-being of children year after year. Data collected only once or sporadically don't serve this purpose.
- **Measurement of outcomes or well-being.** We focus on *outcomes*. Dollars spent on education or welfare do not reflect the actual well-being of children.
- **Clarity.** We want to reach the American public, not academic scholars or researchers.
- **Unambiguous interpretation.** If the value of an indicator changes, we want to be sure there is widespread agreement about how the change affects kids.

Alaska's Children by Age, Sex, and Race, 1990 and 1998

	1990				1998			
		Total	Male	Female		Total	Male	Female
Total Alaska Population		550,043	289,868	260,175		621,400	323,094	298,306
Children By Age	Number	% of Pop[a]			Number	% of Pop[a]		
Under 1	11,963	2.2%	6,109	5,854	9,968	1.6%	5,080	4,888
1-4	44,014	8.0%	22,616	21,398	43,064	6.9%	21,424	20,640
5-9	51,508	9.4%	26,543	24,965	57,820	9.3%	29,577	28,243
10-14	42,939	7.8%	22,333	20,606	55,753	9.0%	28,562	27,191
15	7,652	1.4%	4,021	3,631	10,809	1.7%	5,647	5,162
16	7,341	1.3%	3,786	3,555	10,273	1.7%	5,439	4,834
17	7,453	1.4%	3,887	3,566	10,112	1.6%	5,293	4,819
18	7,069	1.3%	3,834	3,235	8,240	1.3%	4,824	4,416
Total 18 and under	179,939	32.7%	93,129	86,810	206,039	33.2%	105,846	100,193
Children 18 and Under By Race								
White	128,522	23.4%	66,877	61,645	141,393	22.8%	72,829	68,564
Alaska Native	36,337	6.6%	18,497	17,840	45,151	7.3%	23,071	22,080
Black	8,389	1.5%	4,336	4,053	9,538	1.5%	4,935	4,603
Asian/Pac.Isl.	6,691	1.2%	3,419	3,272	9,957	1.6%	5,011	4,946

[a]Percentage of total Alaska population

Note: *The racial breakdowns used throughout this publication are those of the Alaska Department of Labor and the U.S. Bureau of the Census. Persons of Hispanic origin can be of any race. The Alaska Native category also includes other Native Americans, but numbers of other Native Americans in Alaska are small.*

Kids Count Alaska Regions

Boroughs and Census Areas, by Region

Municipality of Anchorage

Matanuska-Susitna Borough

Gulf Coast Region
Kenai Peninsula Borough
Kodiak Island Borough
Valdez-Cordova Census Area

Interior Region
Denali Borough
Fairbanks North Star Borough
Southeast Fairbanks Census Area
Yukon-Koyukuk Census Area

Northern Region
Nome Census Area
North Slope Borough
Northwest Arctic Borough

Southeast Region
Haines Borough
City and Borough of Juneau
Ketchikan Gateway Borough
Prince of Wales/Outer Ketchikan Census Area
City and Borough of Sitka
Skagway-Hoonah-Angoon Census Area
Yakutat Borough
Wrangell-Petersburg Census Area

Southwest Region
Aleutians East Borough
Aleutians West Census Area
Bethel Census Area
Bristol Bay Borough
Dillingham Census Area
Lake and Peninsula Borough
Wade Hampton Census Area

Note: These regions are the same as those the Alaska Department of Labor uses for reporting population and employment

Introduction (continued)

Interpreting the Indicators
(Adapted from Utah Kids Count 1999 *Data Book*)

The indicators are presented as either percentages or rates per 1,000 or per 100,000. Using rates—and percentages are simply rates per 100—allows us to compare groups or track trends over time.

But keep in mind that the base rates differ among indicators. Generally we use a smaller base (the rate per 100) for the most common events and a larger base (the rate per 1,000 or 100,000) for less common events. That's mostly so we can present the rates in whole numbers, which are easier to understand than fractions of numbers.

For instance, because poverty among children is (unfortunately) so common, we present the poverty indicator as a percentage. By contrast, the numbers of children who die each year are (mercifully) much smaller, so we present the child death indicator as a rate per 100,000.

We calculate rates by taking the number of incidents in any given category (for example, the number of high-school dropouts), dividing it by the total number of children in the category (all teenagers 16-19), and multiplying by 100, 1,000, 10,000, or 100,000.

So, for example, say 5 teenagers out of a total of 500 dropped out of school:

$$\frac{\text{Number of Dropouts}}{\text{Total teenagers 16-19}} \times \text{Multiplier}$$

$$\frac{5 \text{ dropouts}}{500 \text{ teenagers}} \times 1{,}000 = 10 \text{ dropouts per } 1{,}000 \text{ teenagers}$$

$$\frac{5 \text{ dropouts}}{500 \text{ teenagers}} \times 100 = 1 \text{ percent of teenagers drop out}$$

When the population we're studying is small—as it is in many regions of Alaska—small changes in numbers can sharply affect rates. For example, say 2 of 75 children in a region die in a given year. That would be a child death rate of 26 per 1,000 for that region.

But if in the next year only 1 child of 75 dies, the child death rate would be 13 per 1,000. This seemingly large drop is a result of statistical variation, and the magnitude of the drop is exaggerated because the denominator (75) is so small.

To minimize chance variations, we use 5-year averages for most of the Alaska indicators. This allows us to use larger denominators in those regions where the populations are small, enhancing the reliability of the resulting figures.

When appropriate, we also talk about the actual numbers of deaths or other events in a given period, to keep the rates in perspective. While rates are useful for making comparisons and following trends, policymakers rely on actual numbers to determine caseloads or measure other service requirements.

Statistics alone clearly won't improve the well-being of Alaska's children. But they can help Alaskans make informed decisions about how to improve children's lives. To help data book users take the next step—action to help children—we also include, in the final section of the book, information about programs and services available for Alaska's children and families.

Words of Caution

A few important points about the indicators presented in this data book are worth emphasizing at the outset:

- **Indicators don't measure the effectiveness of particular programs.** They are broad indications of social conditions rather than specific measures of program performance.

- **Regional indicators are mostly averages for the period 1992-1996.** Some regional information is collected only once every 10 years, during the national census. Some is collected annually, allowing us to calculate 5-year averages. In small populations like Alaska's, indicators can fluctuate sharply from year to year—so averages over several years give a more accurate picture.

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- **Not all areas or communities** within a region have the same indicator levels as the region as a whole.

Finally, we've tried to compile the latest and most accurate figures available on children's well-being at the state and regional levels. However, there are limits on the accuracy of these figures. Some of the indicators are based on samples of the population—and although the samples are chosen to represent characteristics of the entire population, samples are subject to error. For other indicators, regional data weren't available, or we couldn't present the data, because the numbers were so small we couldn't calculate meaningful rates.

Organization of the Data Book

Before we begin presenting the indicators, we finish this introductory section by talking about recent research on early brain development. That research essentially tells us that whatever happens early in life will strongly influence what happens later in life. This discussion provides the context for understanding the **Kids Count Alaska** indicators: strong brain development at the start of life can make all the difference as children grow up and as they become adults.

We then present the indicators in six sections: Infancy, Economic Well-Being, Education, Children in Danger, Juvenile Crime in Alaska, and Health Risks. Notes for the indicators are at the end of each section.

After the indicator sections, we provide information on programs and other resources available for Alaska's children and families—resources that are intended to help correct some of the problems the indicators show. We conclude with documentation of the indicators—sources, frequency, and availability of breakdowns by sex, age, and regions.

Introduction (continued)

Early Brain Development

How Young Brains Develop

In the past decade or so, scientists have discovered that babies are born with the raw materials for brain development—about 100 million brain cells—but that most brain development happens after birth. What babies see, hear, touch, smell, and taste causes connections to form between brain cells. These connections are the wiring of the brain, allowing children to learn.

Genetics of course also plays a very big role in how fast children learn and what their talents are. Not all children can become musical prodigies or mathematical geniuses. But recent research tells us that the world children grow up in affects brain development much more than we previously suspected.

These recent findings contrast with what scientists previously thought—that most brain connections were already in place at birth. Now research has shown that while brain *cells* develop rapidly during the first few months of pregnancy, the *connections* between those brain cells develop largely after children are born.

At their fastest, brain connections in infants can form at the incomprehensible rate of three billion per second. By age three, children typically have one thousand trillion brain connections.[1] After that, the number of connections begins declining, so that by age ten children have about half as many as at age three; the number of connections then stabilizes.

Scientists describe the brains of very young children as plastic, able to respond and learn so much so fast because their brain connections multiply explosively. Brain cells apparently adapt to do whatever is required of them. Every time one of the senses is stimulated in a new way, a connection is made in the brain. Each use strengthens that connection—but connections that aren't used can disappear.

Researchers have also found evidence of critical periods when very young children develop the foundations for future vocabulary, social attachments, emotional control, and much more. These researchers believe that children who don't develop the appropriate skills during those critical periods—mostly in the first three years of life—find it very hard to develop specific functions later.[2]

Some experts, however, disagree with this emphasis on very early childhood as the *only* period when children can learn certain skills. In a 1999 book, one author argues that while there are indeed critical early learning periods, learning should be seen as a lifelong process. He maintains that if parents believe the first three years offer their only opportunities to influence their children's development, they may neglect their long-term parental responsibilities and cost older children chances to learn.[3]

Stimulating the Young Brain

Scientists have known for years that pregnant women who smoke, drink, take drugs, or eat poorly hurt their unborn children. And after children are born, they can certainly be hurt if they go hungry, live in dangerous neighborhoods, or are not immunized against disease.

But in recent years, some researchers have also said that parents and other adults who don't provide warm, intellectually stimulating environments for very young children may be impairing their brain development. Some studies have found that children with attentive, nurturing parents are able to learn more, to deal better with stress, and to form stronger relations with other people.[4]

Other scientists have reported that providing intellectual stimulation for very young children whose parents are unable to provide such stimulation can improve the children's ability to learn.[5] Researchers have also found that when premature infants in hospital neonatal units are held and massaged, they grow twice as fast.[6]

Still other researchers believe that the wrong kinds of stimulation—too much exposure to violence and hostility—can also affect brain development. The brains of young children who live with violence can, according to some, adapt by "rewiring trillions of connections that create the chemical pathways of aggression," potentially setting them up to become violent adults.[7]

Overall, scientists point out that we still have much to learn about the brain. But there is strong evidence about both the potential and the vulnerability of young children's minds. To give children the best chance at life, adults must try to create safe, loving, interesting worlds for them.

Principles of Brain Development

- The outside world shapes the brain's wiring.
- What we see, hear, smell, touch, and taste enables the brain to create or modify connections.
- The brain operates on a "use it or lose it" principle, discarding unused connections.
- Relationships young children have with other people are the major source of emotional and social development of the brain.

Source: *I Am Your Child* series, Reiner Foundation, www.iamyourchild.org

Guidelines for Promoting Children's Development and School Readiness

- Be warm, loving, and responsive.
- Respond to your children's cues.
- Talk, read, and sing to your children.
- Establish routines.
- Encourage safe exploration and play.
- Monitor what your children watch on TV.
- Use discipline as an opportunity to teach.
- Recognize that each child is unique.
- Choose quality child care and stay involved.
- Take care of yourself.

Source: *I Am Your Child* series, Reiner Foundation, www.iamyourchild.org

Introduction (continued)

Risks to Brain Development

The figure on the facing page illustrates what research has found out about risks to the brain development of children before they are born and in their early years. Some of the risks result from what parents do—say a pregnant woman smokes or doesn't eat enough, or a father shakes an infant. Others grow out of what parents fail to do—like not getting their young children immunized against childhood diseases or neglecting them. Still other risks are due to the parents' circumstances—a mother who is a teenager, for instance, or parents who are so poor they can't provide what their children need.

Luckily, research also tells us there are ways to reduce or eliminate a number of these risks—and at the same time sharply reduce future medical, educational, welfare, and other costs by investing in preventive programs (as the table below shows).

Some recent findings about what promotes and what hinders brain development are summarized below.

- Mothers who breastfeed their infants provide essential nutrients for brain development and lower their risk of allergies, ear infections, and possibly sudden infant death syndrome (SIDS).[8]

- Children born to teenage mothers cost the nation about $7 billion annually, through a combination of lost tax revenues and increased spending for public assistance, children's health care, foster care, and the criminal justice system.[9]

- Prenatal malnutrition is a prime non-genetic factor that can impair children's ability to learn.[10]

- As many as 400,000 babies born in the U.S. every year have been exposed to alcohol or other drugs. Of those, 5,000 are born with fetal alcohol syndrome (FAS) and another 36,000 with fetal alcohol effects (FAE). The cost of caring for drug-affected kids over the next ten years may be as high as $1.5 billion.[11]

- Babies exposed to crack or cocaine in the womb may have subtle deficits in IQ and language development. Special education for these children costs an estimated $352 million annually.[12]

- Children with mothers who are either mentally retarded or have very low IQs are at risk of being retarded themselves. But researchers have found that providing mental stimulation to even very young infants with mentally retarded mothers can raise the infants' IQs substantially.[13]

- Intensive child development programs and home visits can substantially improve brain development in children who are either born prematurely (less than 37 weeks gestation) or with low birth weights (roughly between 5 and 5.5 pounds, or 2,000 to 2,500 grams). Researchers have found that these improvements are still evident when such children are 12 years old.[14]

- Premature infants are often in hospital neonatal intensive care units when their brains are growing more rapidly than they ever will again. Researchers have found that massaging these infants and promoting development in other ways makes the infants grow faster and allows them to

How $1 Spent For Prevention Reduces Future Costs

Program	Investment Savings
Family Planning	$1 spent = $13 in medical, welfare, and nutritional services
Good Preschool	$1 spent = $7.16 in later special education, crime, welfare and other costs
Home Visits for High-Risk Pregnant Women	$1 spent = $5.63 in obstetrical, neonatal, and pediatric costs
Primary Health Care Coverage	$1 spent = $3 in emergency room costs
Measles Immunization	$1 spent = $29 in later health-related costs
School-Based Clinics	$1 spent = $7 in later health-related cost

Source: Wil Blechman, M.D., courtesy of Michele Hansen, Municipality of Anchorage

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be released from the hospital earlier, as well as improving their brain functioning so it is much more similar to that of full-term babies.[15]

- Studies have shown that being hugged and feeling loved are vital to the development of healthy, happy children—making it more likely that they will grow up confident and optimistic. Such nurturing decreases production of the stress hormone cortisol —a hormone that kills large numbers of important immune cells.[16]

- Only half of infants and toddlers are routinely read to by their parents.[17]

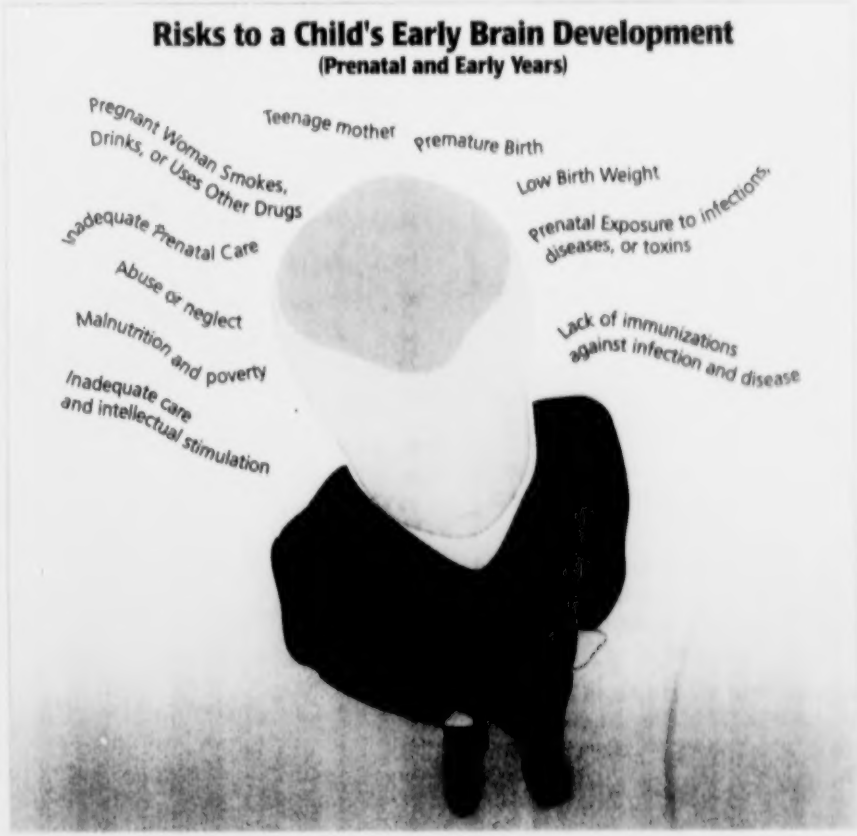
- Children who are abused or neglected are more likely to produce stress hormones, even when exposed to minimal stress. Such hormones cause the emotional areas of the brain in abused children to be 20 to 30 percent smaller than in other children.[18]

- Hitting or shaking children can hurt them physically and mentally, both immediately and in the long term. And children who are hit or shaken are much more likely to think violence is acceptable.[19]

- Children under age one account for a third of reported physical-abuse cases, with head trauma the most frequent cause of disability or death.[20]

- Shaken-baby syndrome can cause blindness, developmental delays, and permanent brain damage. In the worst case, shaking babies can kill them.[21]

- Children whose fathers help care for them are less likely to become violent. On average, they also have higher IQs, better impulse control, and better social adaptations.[22]


Risks to a Child's Early Brain Development
(Prenatal and Early Years)
Pregnant Woman Smokes, Drinks, or Uses Other Drugs
Teenage mother
Premature Birth
Low Birth Weight
Prenatal Exposure to infections, diseases, or toxins
Inadequate Prenatal Care
Abuse or neglect
Malnutrition and poverty
Inadequate care and intellectual stimulation
Lack of immunizations against infection and disease

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Notes for Introduction Section

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[2] Micheal Rutter and Marjorie Rutter, *Developing Minds: Challenge and Continuity Across the Life Span*. New York: Harper Collins, 1993.

[3] John T. Bauer, *The Myth of the First Three Years: A New Understanding of Early Brain Development and Lifelong Learning*. Free Press, September 1999.

[4] Carnegie Corporation, *The Quiet Crisis: Meeting the Needs of Our Youngest Children*. 1994. Available at www.carnegie.org/startingpt1

[5] Craig Ramey and Sharon Landesman Ramey, "At Risk Does Not Mean Doomed," *National Health Education Consortium*, June 1992.

[6] Reported in Ronald Kotulak, "Learning How to Use the Brain." Paper presented at the conference on *Brain Development in Young Children: New Frontiers for Research, Policy, and Practice*, Chicago, June 13, 1996.

[7] Reported in Kotulak, 1996. See note 6.

[8] D. Glick, "Rooting for intelligence," *Newsweek Special Issue: Your Child*, Spring/Summer 1997.

[9] Annie E. Casey Foundation, *When teens have sex*. Annie E. Casey Foundation: Baltimore, Maryland, 1998.

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[13] Ramey and Ramey, 1992. See note 5.

[14] Ramey and Ramey, 1992. See note 5.

[15] Ramey and Ramey, 1992. See note 5.

[16] B. Kantrowitz, "Off to a good start: Why the first three years are so crucial to a child's development," *Newsweek Special Issue*, Spring/Summer 1997.

[17] See note 16.

[18] Reiner Foundation, "The first years last forever," *I Am Your Child* series. Available online at www.iamyourchild.org

[19] See note 18.

[20] A.F. Poussaint, and S. Linn, "Fragile: Handle with care," *Newsweek Special Issue*, Spring/Summer 1997.

[21] See note 20.

[22] J. Alder, "It's a wise father who knows his child," *Newsweek Special Issue*, Spring/Summer 1997.

Infancy

Prenatal Care
Low Birth Weight
Infant Mortality

There is no finer investment for any community than putting milk into babies.
Winston Churchill, British statesman

Prenatal Care

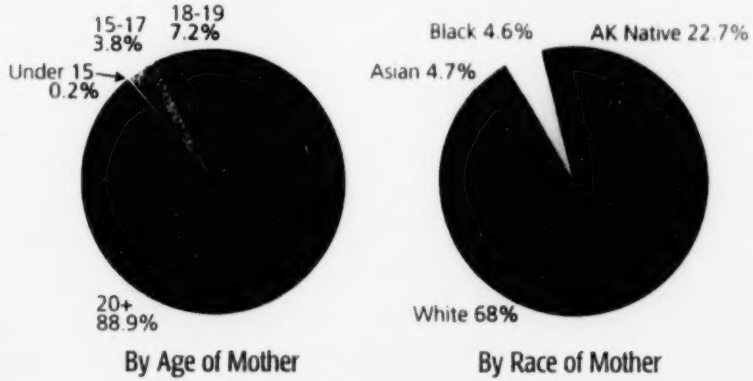
Definition

The Alaska Bureau of Vital Statistics uses the Kessner Index to classify prenatal care as adequate or less than adequate. Care is classified as "adequate" among pregnant women who see doctors or other health professionals at least once during their first trimester and at least nine times throughout their pregnancy. "Less than adequate care" is divided into intermediate and inadequate care. Women who see doctors at least once during their first or second trimesters and and at least four additional times receive "intermediate" prenatal care. Pregnant women who don't visit doctors at all during their first six months of pregnancy, or fewer than five times throughout their pregnancy, receive "inadequate" care.

Significance of Indicator

Scientists have known for a long time that how pregnant women care for themselves and their unborn children is critical to the future health and learning ability of those children.

Births in Alaska, 1992-1996, By Age and Race of Mother (Total Births: 53,770)



Source: *Alaska Bureau of Vital Statistics*

Births in Alaska, 1992-1996

From 1992 through 1996, 53,770 babies were born in Alaska. Nearly 90 percent of these babies were born to mothers at least 20 years old. But that means more than 10 percent of babies were born to teenage mothers, and four percent were born to mothers under 18.

The biggest share (68 percent) of women who had babies in Alaska during that period were White, 22.7 percent were Alaska Native, 4.7 percent were Black, and 4.6 percent were Asian or Pacific Islander.

Quality of Prenatal Care

About one in four women who had babies in Alaska from 1992 through 1996 received less than adequate prenatal care, under the Kessner Index. Younger mothers are the least likely to get adequate care when they're pregnant. More than half the mothers under 15, and 43 percent of those 15 to 17, received less than adequate prenatal care in recent years. But only 25 percent of mothers 20 or older got less than adequate care.

Data provided by the Alaska Bureau of Vital Statistics, unless otherwise noted

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Prenatal Care (continued)

Alaska Native mothers were the least likely to get adequate prenatal care in recent years, according to records of the Alaska Bureau of Vital Statistics. Those figures show that nearly 40 percent of Native women failed to see doctors or other medical professionals often enough during their pregnancies.

But we believe those figures may overstate the share of Native mothers who don't get adequate prenatal care. It's possible that prenatal care among Native women from rural places who have their babies at the Alaska Native Medical Center in Anchorage may be underestimated, according to experts familiar with the Alaska Native Health Service.

Also, in small rural villages without doctors, Native women typically see rural health aides for prenatal care. Those prenatal visits to health aides might not be reported in figures on visits to health professionals or on birth certificate information. So we recognize that these figures may underestimate prenatal care among Native mothers. But they are nevertheless the best figures available.

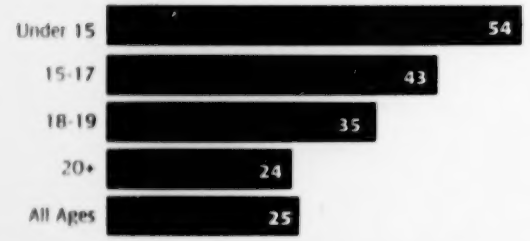
Close to one in three Asian mothers in Alaska received less than adequate prenatal care in recent years. Among White and Black mothers, about one in five failed to get enough prenatal care.

Costs and Prevention

- An estimated 25 percent of pregnant women in the U.S. fail to get prenatal care during the first trimester of their pregnancy. Babies who fail to get care during this crucial early stage are four times more likely to die before their first birthday.[1]

- Pregnant women who see their doctors regularly are more likely to discover medical problems that might injure them or their fetuses. They are also more likely to be aware that eating poorly, drinking alcohol, and smoking can harm their babies. And some researchers have found that women who visit doctors regularly while they are pregnant are more likely to continue getting good preventive health care for themselves and their infants.[2]

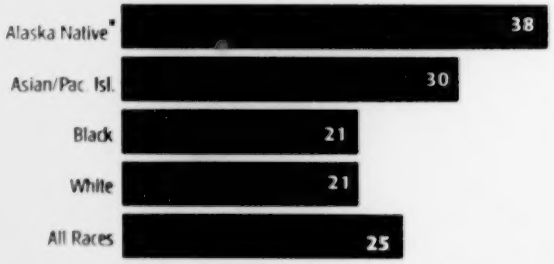
Percentage of Babies Receiving Less Than Adequate* Prenatal Care, By Age of Mother, 1992-1996



* *Mothers receiving "less than adequate" prenatal care are defined as those who fail to see a doctor at least once during the first three months of pregnancy and at least nine times over the entire pregnancy.*

Source: *Alaska Bureau of Vital Statistics*

Percentage of Babies Receiving Less Than Adequate Prenatal Care, By Race of Mother, 1992-1996



* *See text for discussion of why prenatal care among Alaska Native women may be underestimated.*

Source: *Alaska Bureau of Vital Statistics*

Babies with Low Birth Weight

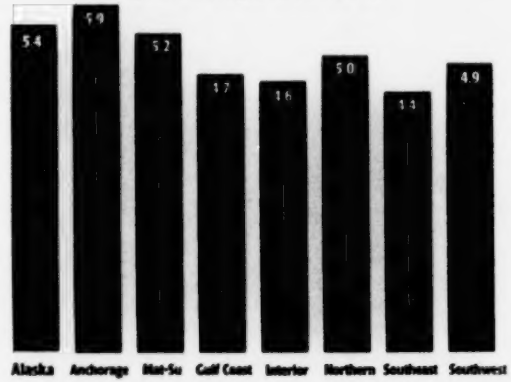
What About Alaska?

Alaska consistently has one of the lowest rates in the nation of babies with low birth weights. In 1996, just 5.4 percent of Alaska babies weighed less than 5.5 pounds when they were born. Only two states (New Hampshire and Oregon) had lower rates that year. The national average in 1996 was considerably higher—7.4 percent.

From 1992 through 1996, the percentage of Alaska babies weighing less than 5.5 pounds at birth averaged 5.4—a rate that has been stable for more than 10 years. Among regions of Alaska during that period, the percentage of small babies varied from a low of 4.4 percent in Southeast Alaska to a high of 5.9 percent in Anchorage.

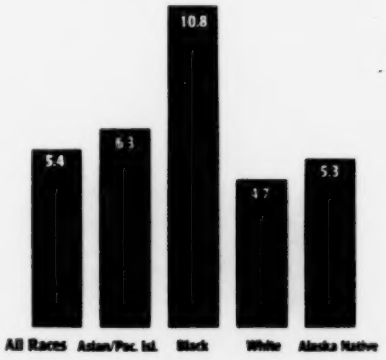
The percentage of babies with low birth weights was highest among Black babies (10.8 percent) and smallest among White babies (4.7 percent).

Percent of Babies with Low Birth Weight, by Region
(Babies Weighing Less than 5.5 Pounds, 5-year Average, 1992-1996)



Source: *Alaska Department of Labor, Alaska Bureau of Vital Statistics*

Percent of Babies with Low Birth Weight, by Race
(Babies Weighing Less than 5.5 Pounds, 5-year Average, 1992-1996)



Source: *Alaska Department of Labor, Alaska Bureau of Vital Statistics*

Definition

Babies weighing less than 5.5 pounds (or 2,500 grams) at birth are classified as having low birth weight. Data are reported by place of mother's residence, not place of infant's birth.

Significance of Indicator

Research has found that babies who weigh less than about 5.5 pounds at birth are much more likely to die before they are a year old.

Data provided by Annie E. Casey Foundation and Alaska Bureau of Vital Statistics, unless otherwise noted

Babies with Low Birth Weight (continued)

Costs and Prevention

- Medical costs during the first year of life are much higher among babies born under 5.5 pounds. For example, of the $11.4 billion spent on infants in the U.S. in 1988, an estimated 35 percent of that spending was for babies with low birth weights—who made up less than 7 percent of all babies born that year. That amounted to almost $15,000 in extra costs for babies with low birth weights.[3]

- Lifetime costs of medical care, special education, early intervention, and other support services are higher for children born with low birth weights.[4]

- Medical costs for extremely premature infants (those weighing less than 1,000 grams or experiencing respiratory distress syndrome) are the highest of all—almost three times higher even than for other babies with low birth weights.[5]

- Women who gain less than 22 pounds during their pregnancies are two to three times more likely to have babies who are born weighing less than is considered healthy. An estimated 15 to 33 percent of pregnant women nationwide gain an inadequate amount of weight.[6]

- If all pregnant women stopped smoking, the percentage of babies with low birth weights would drop dramatically. Smoking among pregnant women has been linked to 20 to 30 percent of low-birth-weight births (and to 10 percent of fetal and infant deaths). An estimated 20 to 25 percent of pregnant women smoke.[7]

- Women who drink while they're pregnant are also more likely to have small babies. Babies born to women who drink an average of more than one alcoholic drink daily throughout their pregnancies are not only smaller and shorter but also have smaller head circumferences than infants of mothers who don't drink when they're pregnant. Pregnant women who drink heavily can have babies with fetal alcohol syndrome, which includes a range of developmental and other problems.[8]

Definition

The number of infant (less than one year old) deaths per 1,000 live births. Data are reported by the child's place of residence, not place of death.

Significance of Indicator

The medical community often cites the infant mortality rate as an indicator of the overall health of the population. Babies who live through their first year are much more likely to survive to adulthood.

Data provided by Annie E. Casey Foundation and Alaska Bureau of Vital Statistics, unless otherwise noted

What About Alaska?

Over the past 10 years, the infant mortality rate in Alaska has declined significantly. In 1986, 10.8 infants died per 1,000 births. By 1996 the rate was 7.3—just about at the national average.

Between 1992 and 1996, the infant mortality rate in Alaska averaged 8.0 per 1,000 live births. Rates among regions of Alaska differed sharply in recent years, with the highest rate at 12.4 per 1,000 births in the Northern region and the lowest 6.6 in the Southeast region. In other regions, the rates varied from 6.8 in the Interior to 9.5 in the Southwest.

Costs and Prevention

- Fewer infants would die if fewer were born at low weights. Experts say the relationship between infant mortality and low birth weight is so strong that the rate of babies with low birth weights is a reasonably accurate prediction of the infant mortality rate.[9]
- Improved medical technology has steadily cut the rate of infant mortality over the past 15 years.[10]
- Infants born into poor families are more likely to die than those born into families with incomes above the poverty line. One study at the end of the 1980s found that the infant mortality rate in poor families was 50 percent higher than in other families (13.5 deaths per 1,000 live births, as compared with 8.3 deaths). The link between poverty and infant mortality could explain why the national infant mortality rate in 1995 was 15.1 per 1,000 births among Black Americans, compared with 6.3 among White Americans.[11]

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Notes for Infancy Section

[1] Prenatal Care Hotlines, Maternal and Child health Bureau, U.S. Department of Health and Human Services. Online at: http://www.hrsa.dhhs.gov/mchb/hotline1.htm

[2] A.M. Butz, A. Funkhouser, L. Caleb, and B.J. Rosenstein, "Infant health care utilization predicted by pattern of prenatal care," in *Pediatrics* 92, 1:50-54, 1993.

[3] E. M. Lewit, L.S. Baker, H. Corman, and P.H. Shiono, "The direct cost of low birth weight," in *The Future of Children: Low Birth Weight*, 5, (1), 35-56. The David and Lucile Packard Foundation, 1995.

[4] See note 3.

[5] See note 3.

[6] V. R. Chomitz, L. W. Y. Cheung, and E. Lieberman, "The role of lifestyle in preventing low birth weight," *The Future of Children: Low Birth Weight*, 5, (1), 121-138. The David and Lucile Packard Foundation, 1995.

[7] See note 6.

[8] See note 6.

[9] The David and Lucile Packard Foundation, *The Future of Children: Low Birth Weight*. 5, (1), 20, 1995.

[10] Annie E. Casey Foundation, **Kids Count** *Data Book* 1998.

[11] Annie E. Casey Foundation, **Kids Count** *Data Book* 1998.

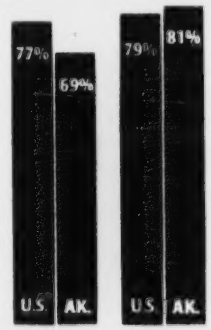
Immunizations by Age Two: A Success Story

Federal and state health authorities want all children under age two to have a series of shots to protect them from polio, diphtheria, tetanus, rubella, measles, and other diseases that in the past commonly crippled or killed scores of American children. In 1996, nearly one-third of Alaska's toddlers had not received all the recommended immunizations—making Alaska 48 among the 50 states in a survey by the federal Centers for Disease Control.

Alarmed by the large number of young children exposed to potentially deadly diseases, the Alaska Department of Health and Social Services launched the Year 2000 Childhood Immunization Initiative. That initiative built cooperation with local organizations around the state, publicized the problem, and devoted more public health money to getting Alaska's children immunized.

By 1998, as the bar graph shows, Alaska had increased the share of two-year-olds with all the recommended immunizations from 69 percent to 81 percent. In just two years, Alaska had an immunization rate better than the national average and had moved from 48 to 22 among the 50 states. Still, Alaska health authorities are continuing their initiative, hoping to boost the immunization rate even higher.

Immunization Levels* Among Two-Year-Olds, U.S. and Alaska, 1996 and 1998



**Percentage with 4 DTP, 3 polio, 1 MMR and 3 Hib immunizations*
Source: CDC National Immunization Survey, courtesy of Laurel Wood, Alaska Department of Health and Social Services, Section of Epidemiology

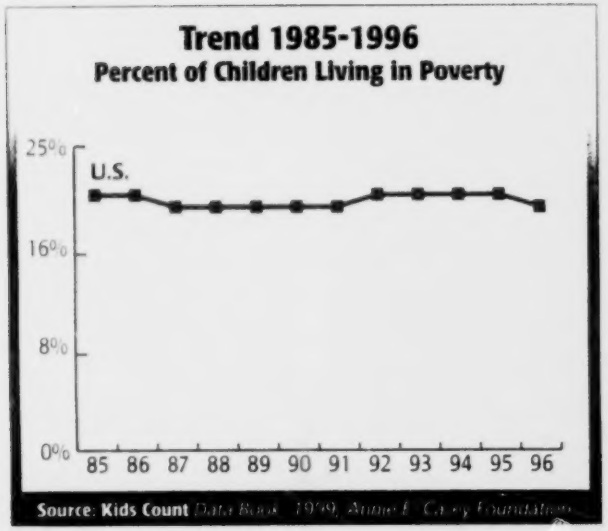
Economic Well-Being

Children Living in Poverty
Children in Families Headed by Single Parents
Births to Teenagers

Anyone who has ever struggled with poverty knows how extremely expensive it is to be poor.

James Baldwin,
American writer

Children Living in Poverty



Definition

The percentage of children (under age 18) in families with incomes below the poverty line, as measured by U.S. Bureau of the Census's poverty *threshold* figures. The poverty threshold is not adjusted for Alaska's higher living costs. Some analysts believe the figures (as shown in the trend graph) underestimate childhood poverty in Alaska. In fact, many people believe the current poverty threshold underestimates poverty throughout the United States. In late 1999, the census bureau was examining whether that threshold should be raised nationwide.[1]

Data provided by Annie E. Casey Foundation and U.S. Bureau of the Census, unless otherwise noted.

Another federal agency, the Department of Health and Human Services, also annually issues poverty *guidelines*. It is those guidelines that are used in determining eligibility for various low-income programs—and they are adjusted for Alaska's higher costs of living. In 1999, for example, the poverty guideline for a family of four was $16,700 in the Lower 48 and $20,880 in Alaska.[2] (Neither the federal poverty threshold nor the poverty guidelines include the value of subsistence activities.)

Significance of Indicator

Growing up poor hurts children in many ways. They are more likely to go hungry, which can hinder brain development. They are more likely to get inadequate medical care, to live in dangerous and unhealthy conditions, and to drop out of school.

What About Alaska?

The percentage of Alaskan children living below the federal poverty threshold remained stable (between 10 and 12 percent) from 1985 through 1996. When we compare poverty in Alaska with poverty nationwide, it looks as if Alaska is doing relatively well. In fact, the national Kids Count program reported that in 1996 Alaska had the nation's lowest rate of children living in poverty.

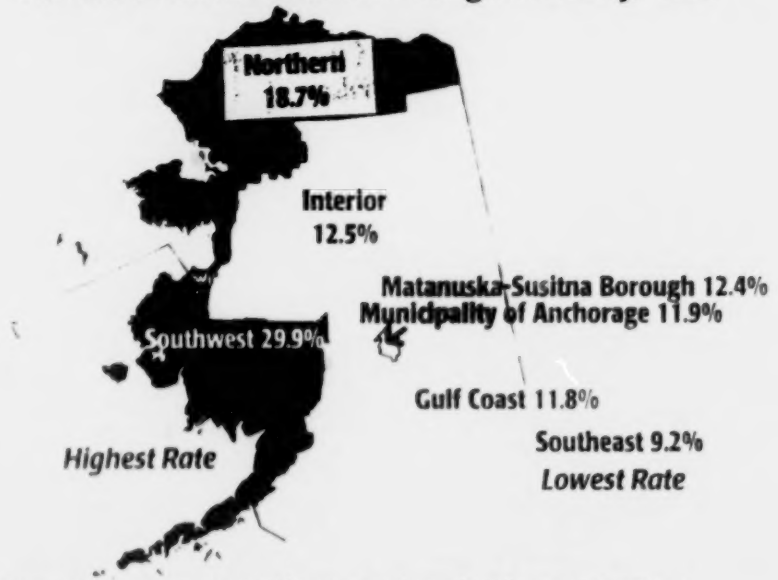
However, as we just discussed, the poverty threshold used to track this indicator does not take into account the higher cost of living in Alaska.

Even with no adjustment for Alaska's higher costs of living, some regions still have very high rates of poverty. The table and the map on page 30 show that poverty is most widespread among children (including all children up to age 18) in the Southwest region, where 30 percent lived in families with incomes below the federal poverty threshold in 1995. That was three times higher than the poverty rate among children in the Southeast region. In other regions, the poverty rate varied from about 12 to 19 percent.

Alaska's population grew sharply between 1980 and 1995—and so did the number of children living in poverty, as the table below the map shows.

Poverty rates among school children (children from ages 5 to 17) in districts around the state were also very different in 1995. The table on pages 32 and 33 shows that between 30 and 40 percent of school children in several districts in the Interior, Northern, and Southwest regions lived in poor families in 1995. We also know (although the table does not show this level of detail) that among schools within the same district the share of children from poor families can be much higher than the overall district average.

Percent of Alaska Children Living in Poverty*, 1995



*Based on federal poverty threshold figures, not adjusted for differences in living costs

Source: U.S. Bureau of the Census, Small Area Income and Poverty Estimates, 1995

Produced by the Applied Population Laboratory, University of Wisconsin - Madison, for the Annie E. Casey Foundation, Kids Count Alaska

Children (Under 18) Living in Poverty, 1980, 1990, 1995

	Number of Children in Poverty							Child Poverty Rate (In Percentages)				
	1980	1990	# Change 1980-1990	% Change 1980-1990	1995	# Change 1990-1995	% Change 1990-1995	1980	1990	Annual Rate of Change 1980-1990	1995	Annual Rate of Change 1990-1995
U.S.	10,121,765	11,428,916	1,307,151	12.9%	14,665,019	3,236,103	28.3%	16.1	18.3	0.9	20.8	1.7
Alaska	15,444	19,284	3,840	24.9%	25,270	5,986	31.0%	12.1	11.4	-0.4	13.2	2.0
Muni. of Anchorage	4,424	6,172	1,748	39.5%	8,634	2,462	39.9%	8.3	9.5	0.9	11.9	3.1
Mat-Su Borough	949	1,423	474	49.9%	2,264	841	59.1%	15.3	10.5	-2.3	12.4	2.3
Gulf Coast	1,579	1,810	231	14.6%	2,648	838	46.3%	11.5	9.0	-1.6	11.8	3.8
Interior	3,027	3,384	357	11.8%	3,809	425	12.6%	14.4	11.7	-1.3	12.5	0.9
Northern	937	1,556	619	66.1%	1,747	191	12.3%	23.9	19.7	-1.2	18.7	-0.7
Southeast	960	1,498	538	56.0%	1,986	488	32.6%	5.8	7.3	1.6	9.2	3.2
Southwest	2,946	3,441	495	16.8%	4,180	739	21.5%	28.2	27.0	-0.3	29.9	1.4

Source: U.S. Bureau of the Census, 1980 and 1990 censuses and Small Area Income and Poverty Estimates, 1995

Children Living in Poverty (continued)

Costs and Prevention

- Children growing up poor are less likely to have health insurance. An estimated 11 percent of Alaskan children had no health insurance during the late 1990s.[3]

- Poverty rates among American children in the 1990s are a third higher than they were two decades ago and 1.5 to 4 times higher than the rates among children in Canada and Western Europe.[4]

- Studies suggest that children who are poor during the first five years of their lives may not develop as well as other children during early and middle childhood.[5]

- More than four in ten American children either lived in poverty or near poverty in 1996. (The federal government defines families who are "near" poverty as those whose incomes are within 185 percent of the poverty threshold.) More than half these children live not in inner cities but in suburban or rural areas.[6]

- Poverty levels among "traditional" two-parent families nearly doubled in the last two decades.[7]

- An estimated 12 to 14 million American children lived in families with annual incomes below the federal government's official poverty threshold in the 1990s.[8] (In 1999, that threshold was $12,158 for a family of three and $16,600 for a family of four.)

- Children who are extremely poor or who live below the poverty line for many years appear to do the worst in later years, as measured by things like failing to complete high school or getting into trouble with the law.[9] (The federal government defines families in "extreme" poverty as those with incomes that are 50 percent below the poverty threshold.)

- Children who are poor during their preschool and early school years are less likely to graduate from high school than children and adolescents who are poor only when they are older.[10]

- The rate of young children (those under age 6) living in extreme poverty doubled between 1975 and 1994.[11]

- Young children are more likely to be poor (including those who are extremely poor and nearly poor) than any other age group—and that disparity is growing.[12]

- Poverty among children costs the U.S. something between $36 and $177 billion per year, according to economists working with Nobel laureate Robert Solow.[13]

Children Living in Poverty (continued)

Estimates of Poverty[a] Among Alaska's School Children, By Regions and School Districts, 1995

School District	Estimated Population of Children 5 to 17	Estimated Number of Poor Children 5 to 17	Percent of School-Age Children Living in Poverty
Alaska Total	**135,847**	**15,224**	**11.2%**
Anchorage	**51,364**	**4,856**	**9.5%**
Matanuska-Susitna	**13,680**	**1,480**	**10.8%**
Interior Region	**22,587**	**2,467**	**10.9%**
Alaska Gateway	517	102	19.7%
Delta Greely	1,015	148	14.6%
Denali Borough	422	24	5.7%
Fairbanks North Star	18,283	1,519	8.3%
Galena City	138	18	13.0%
Iditarod Area	455	106	23.3%
Kuspuk	539	178	33.0%
Nenana City	106	9	8.5%
Tanana City	91	17	18.7%
Yukon Flats	429	158	36.8%
Yukon Koyukuk	592	188	31.8%
Southeast Region	**16,142**	**1,205**	**7.5%**
Alyeska Central School[b]	n/a	n/a	n/a
Annette Island	479	87	18.2%
Chatham Region	566	71	12.5%
Craig City	351	2	0.6%
Haines Borough	432	54	12.5%
Hoonah City	225	11	4.9%
Hydaburg City	125	40	32.0%
Juneau Borough	6,175	399	6.5%
Kake City	168	14	8.3%
Ketchikan Gateway	3,089	176	5.7%
Klawock City	202	14	6.9%
Mt. Edgecumbe[c]	n/a	n/a	n/a
Pelican City	47	4	8.5%
Petersburg City	715	54	7.6%

Children Living in Poverty (continued)

Southeast Region (cont.)			
Sitka Borough	1,932	115	6.0%
Skagway City	157	3	1.9%
Southeast Island	724	93	12.8%
Wrangell City	553	55	9.9%
Yakutat City	202	13	6.4%
Northern Region	**6,498**	**1,134**	**17.5%**
Bering Strait	1,572	483	30.7%
Nome City	958	112	11.7%
North Slope Borough	1,917	81	4.2%
Northwest Arctic	2,051	458	22.3%
Gulf Coast Region	**16,810**	**1570**	**9.3%**
Chugach	132	13	9.8%
Copper River	670	97	14.5%
Cordova City	492	25	5.1%
Kenai Peninsula Borough	11,339	1,167	10.3%
Kodiak Island Borough	3,298	230	7.0%
Valdez City	879	38	4.3%
Southwest Region	**8,766**	**2,512**	**28.7%**
Aleutian Region	15	1	6.7%
Aleutians East	431	44	10.2%
Bristol Bay	254	7	2.8%
Dillingham City	597	41	6.9%
Kashunamiut	212	79	37.3%
Lake and Peninsula	502	116	23.1%
Lower Kuskokwim	3,601	1,072	29.8%
Lower Yukon	1,781	755	42.4%
Pribilof Island	88	19	21.6%
Saint Marys City	157	36	22.9%
Southwest Region	596	196	32.9%
Unalaska City	110	10	9.1%
Yupiit	422	136	32.2%

[a] *Based on federal poverty threshold figures; not adjusted for differences in living costs.*
[b] *State-run correspondence school with students statewide. Poverty figures not available.*
[c] *State-operated boarding high school in Sitka, with students from throughout rural Alaska.*

Note: Regional percentages may be substantially lower or higher than percentages of individual districts within a region, since the regional figures are weighted averages of all districts in the region.

Source: *U.S. Bureau of the Census,* Small Area Income and Poverty Estimates, 1995. *Available online at www.census.gov/hhes*

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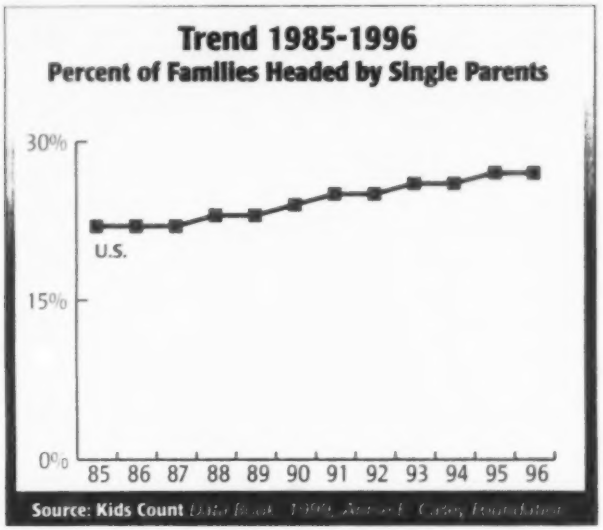
Children in Families Headed by Single Parents



Definition

The percentage of families with children under age 18 (related to the family by birth, marriage, or adoption), headed by either women or men without spouses present.

Significance of Indicator

A number of studies have shown that children who grow up with just one parent face many disadvantages when compared with children who grow up with both parents.

Data provided by Annie E. Casey Foundation, unless otherwise noted

What About Alaska?

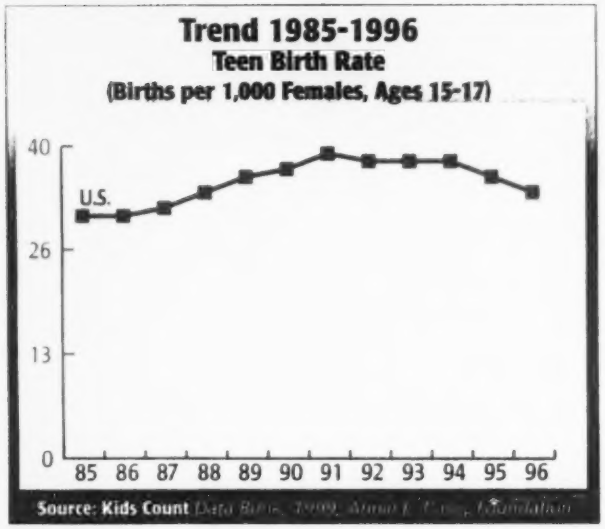
In 1996, more than one in four American families (27 percent) were headed by single parents—overwhelmingly women. The share of single-parent households in Alaska has been higher than the national average for much of the past decade, but it began dropping in recent years. By 1996, Alaska's rate was 26 percent, just under the national average. This drop improved Alaska's ranking among the states from 42 in the late 1980s to 20 in 1996.

The most recent regional estimates available for this indicator are from the 1990 federal census, which is now almost 10 years old. At the beginning of the decade, one in three families in the Northern region were headed by single parents, while fewer than one in five families in the Gulf Coast and Interior regions were single-parent households.

Costs and Prevention

- Single parents are more likely to be poor, young, and with jobs that don't pay much or no jobs at all. They're also more likely to need welfare or other support programs, because there are no second breadwinners or caregivers in the house.[14]
- About 70 percent of single parents have low incomes, compared with 31 percent of two-parent households. Most children of single parents with low incomes lack access to regular health care and other social services.[15]
- Nationally, 50 percent of children born outside marriage live in families with incomes below the poverty level, compared with 14 percent of children born within marriage.[16]
- Parents raising children alone are much more likely to describe themselves as aggravated—angry and feeling that their children are hard to care for and costing them too much of their own lives. About 16 percent of children with single parents have "aggravated" parents, as compared with 7 percent of all children. Growing up with parents who are often aggravated can hurt cognitive, social, and emotional development in young children.[17]
- Studies show (not surprisingly) that single mothers on welfare are at considerable risk of depression. Depressed parents aren't able to provide emotional support for their children and tend to use harsher discipline. Children of depressed parents in turn tend to have more behavioral problems, to do more poorly in social situations and in school, and to be in poorer health than their counterparts with parents who aren't depressed.[18]

Births to Teenagers



Definition

The national **Kids Count** program measures the rate of births per 1,000 girls 15 to 17 (regardless of whether they are single or married). Our regional indicator measures the rate of births per 1,000 *single* girls 15 to 19 (which is how the Alaska Bureau of Vital Statistics reports the data).

Significance of Indicator

Teenage mothers start with a lot of strikes against them. They aren't much more than children themselves. They're much more likely to be poor and unmarried. Many don't get good prenatal care. They're more apt to drop out of school and to have either low-paying jobs or to rely on welfare. Their children in turn grow up poor, often without good health care and without many of the benefits other children enjoy.

Data provided by Annie E. Casey Foundation and Alaska Bureau of Vital Statistics, unless otherwise noted

What About Alaska?

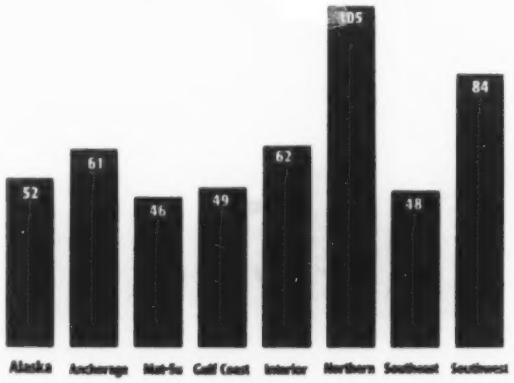
The birth rate among teenage girls in Alaska and nationwide has been dropping since 1991, after climbing in the late 1980s. Recent figures show the national birth rate continued to drop in 1997. Alaska's birth rate has consistently been below the national average, and in 1996 was 26 per 1,000 girls ages 15 to 17, compared with 34 per 1,000 nationwide.

The birth rate among teenage girls varies sharply within regions of the state, as the adjacent bar graph shows. On average from 1992 through 1996, the statewide birth rate among girls 15 to 19 was 52 per 1,000. The rate was highest in the Northern region (105 per 1,000) and the lowest in the Mat-Su Borough (46).

Alaska's teen birth rate has dropped not only among younger girls (15-17) but also older girls (18-19), as the tables on page 36 show. The birth rate for girls 15 through 19 dropped from 80 per 1,000 in 1992 to 50 in 1997—a decline of 40 percent. Birth rates among teenagers of all races were lower in 1997 than they had been in 1992. The 1997 birth rate was highest among Alaska Native teenagers (84 per 1,000) and lowest among White teenagers (38 per 1,000).

Consistent with national trends, the vast majority (77 percent) of teen births in Alaska in 1997 were to unmarried teens. Among Alaska teenagers who had babies that year, nearly 20 percent already had other children.

Births to Single Teens
(Rate per 1,000 Females 15-19, 5-year average, 1992-1996)



Source: *Alaska Department of Labor, Alaska Bureau of Vital Statistics*

Births to Teenagers (continued)

Births Per 1,000 Alaska Teens (15-19), By Race*

	Number of Girls 15-19 1999	Birth Rate 1992	1996	1997	Percent Change 92-96	92-97	96-97
White	15,453	70.8	39.8	37.5	-43.8	-47.0	-5.8
Alaska Native	4,553	124.4	88.9	83.5	-28.5	-32.9	-6.1
Black	989	81.8	68.1	68.8	-16.8	-15.9	1.0
Asian and Pacific Islander	916	87.9	48.8	63.3	-44.5	-28.0	29.7
Total	**21,911**	**80.0**	**51.5**	**50.2**	**-35.6**	**-37.3**	**-2.5**

* *Teens of Hispanic origin can be of any race.*

Source: *Alaska Bureau of Vital Statistics* Annual Report, *1992, 1996, and 1997*

Trends in Births to Alaska Teens

	1992	1996	1997	Percent Change 92-96	92-97	96-97
Birth Rate for Younger Teens (per 1,000 females ages 15-17)	39.7	26.9	26.1	-32.2	-34.3	-3
Percent of Teen Births to Umarried Teens	70%	77.3%	76.6%	10.4	9.4	-0.9
Percent of Teen Births that are Repeat Births	n/a	18.6	19.5	n/a	n/a	n/a
Teen Births as a Percent of all Births	10.9%	10.9%	11.2%	0	2.8	2.8

Source: *Alaska Bureau of Vital Statistics* Annual Report, *1992, 1996, and 1997*

Costs and Prevention

- The birth rate among both younger (15-17) and older (18-19) teens nationwide has dropped steadily since 1991, with the sharpest drop among Black teenagers. Analysts credit more widespread use of birth control and fewer teenagers having sexual relations.[19]
- The birth rate among teenagers in the U.S. in the early 1990s was twice that in any other developed country and almost 10 times as high as the rate in Japan or the Netherlands.[20]
- One in five American girls have babies before they are 20 years old.[21]
- Less than 25 percent of teenagers who have babies are married. As recently as 1960, that figure was 85 percent.[22]
- Teenagers who use contraception the first time they have sexual relations are much less likely to become teenage mothers than those who do not—less than 24 percent as compared with more than 40 percent.[23]

Births to Teenagers (continued)

- Girls who are grow up in intact, two-parent families are less likely to have babies when they are teenagers.[24]

- The daughters of teenage mothers are much more likely to give birth themselves when they become teenagers. Almost 33 percent of the daughters of teen mothers have babies before age 20, as compared with 11 percent of other teens.[25]

- Girls whose mothers did not graduate from high school are more than twice as likely to become teenage mothers.[26]

- Adults who had teenage mothers are nearly three times more likely to serve prison sentences.[27] ,

- Job opportunities for teenage parents are limited because they typically have little education and few skills. Also, their parenting responsibilities limit their ability to look for and hold jobs.[28]

- More than 40 percent of women who had babies when they were teenagers report still living in poverty when they are 27.[29]

- About 30 percent of teenagers who had babies during 1995 and 1996 smoked cigarettes while they were pregnant.[30] Smoking during pregnancy is known to contribute to babies with low birth weights and other health risks.

- Children of teenage parents often aren't as healthy as children of older parents.[31]

- Children born to young teenage mothers are much more likely to be abused and neglected than those born to older mothers.[32]

- Teenagers having babies directly cost taxpayers an estimated $6.9 billion each year—more than $2,800 per teen mother. This figure excludes indirect costs that may be just as high—including, for example, lost economic productivity.[33]

- If teenagers who have children when they're 17 or younger would wait until they were at least 20 or 21, the U.S. could save about $1 billion annually in costs of foster care and about $100 million annually in costs of child abuse investigations.[34]

- Research indicates that children of young teenage mothers have much less chance of being successful as young adults—in earning degrees, getting good paying jobs, and establishing families.[35]

Notes for Economic Well-Being Section

[1] *Anchorage Daily News*, "Census Bureau to redefine poverty," October 18, 1999.

[2] U.S. Department of Health and Human Services, *1999 Poverty Guidelines*. Available online at: http://aspe.hhs.gov/poverty/99poverty.htm

[3] Annie E. Casey Foundation, *Kids Count Data Book* 1999. Baltimore, Maryland, 1999.

[4] G. J. Duncan, W.J. Yeung, J. Brooks-Gunn, and J.R. Smith, "How much does childhood poverty affect the life chances of children?" *American Sociological Review* 63, 406-423, 1998.

[5] Columbia University School of Public Health, National Center for Children in Poverty, "Child poverty rate remains high despite booming U.S. economy," *News and Issues 8*, (1), 3, 1998.

[6] See note 5.

[7] See note 5.

[8] J. Brooks-Gunn and G. J. Duncan, "The effects of poverty on children," *The Future of Children 7*, (2), 55-71. The David and Lucile Packard Foundation, 1997.

[9] See note 8.

[10] See note 8.

[11] Columbia University School of Public Health, National Center for Children in Poverty, "Long-term young child poverty trends: Alarming growth, changing demographics, working families in poverty." Available online at: http://cpmcnet.columbia.edu/dept/nccp/reports/longterm.html

[12] See note 11.

[13] See note 11.

[14] Urban Institute, *Snapshots of America's Families: Income and Hardship*. 1999.

[15] Urban Institute, *Snapshots of America's Families: Children's Environment and Behavior*, 1999. Here "low income" is defined as a 1996 annual income of $31,822 or less for a family of four.

[16] See note 15.

[17] Urban Institute, *Snapshots of America's Families: Adults' Environment and Behavior*. 1999.

[18] See note 17.

[19] *Anchorage Daily News*, "Births to high-school girls fall to record low," October 26, 1999.

[20] K.A. Moore, D. Meyers, D.R. Morrison, C. Nord, B. Brown, and B. Edmonston, "Age at first childbirth and later poverty," *Journal of Research on Adolescence*, 3, (4), 393-422. 1993.

[21] K.A. Moore, A.K. Driscoll, and L.D. Lindberg, *A Statistical Portrait of Adolescent Sex, Contraception, and Childbearing*. The National Campaign to Prevent Teen Pregnancy, 1998.

[22] Robin Hood Foundation, 1996 study, cited in National Campaign to Prevent Teen Pregnancy, *While the Adults Are Arguing the Teens Are Getting Pregnant: Overcoming Conflict in Teen Pregnancy Prevention*. 1998.

[23] See note 21.

[24] See note 21.

[25] See note 21.

[26] See note 21.

[27] See note 20.

[28] See note 20.

[29] Annie E. Casey Foundation, *When Teens Have Sex: Issues and Trends*, Kids Count Special Report, 1998.

[30] R.A. Maynard (Ed.), *Kids Having Kids: Economic Costs and Social Consequences of Teen Pregnancy*. Washington D.C.: Urban Institute, 1997.

[31] See note 30.

[32] See note 22.

[33] See note 30.

[34] See note 30.

[35] See note 30.

Education

★ Teens Who Drop Out

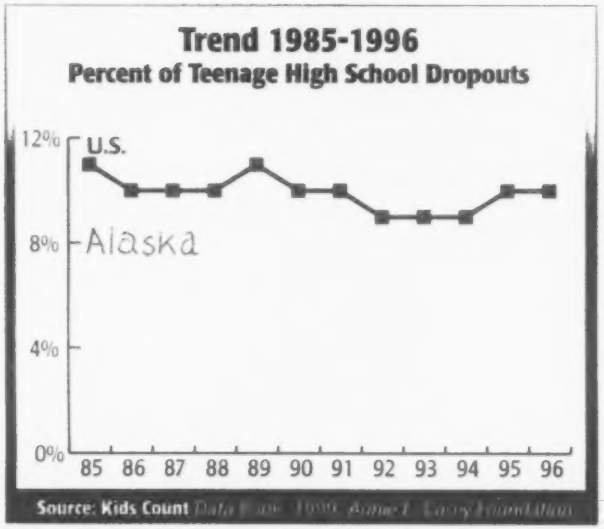
Teens Not in School and Not Working

Children With Disabilities At School

Education costs money, but then so does ignorance.

Claus Moser,
German-born academic

Teens Who Drop Out



Definition

The national **Kids Count** program calculates this indicator, as shown in the trend graph, as the percentage of teenagers 16 through 19 who are not in school and who have not graduated.

The available Alaska data on dropouts by race, region, and school district are either for grades 7 through 12 or 9 through 12—which includes teenagers younger than 16. Therefore, the Alaska dropout rates shown in the tables on this page and on page 42 show lower dropout rates than the trend graph. The Alaska Department of Education and Early Development includes as dropouts (1) those who have left school without graduating or completing an approved program; (2) those who have moved out of the school district or the state and are not known to be enrolled elsewhere; (3) those who are in adult education programs or schools not approved by the district; and (4) those who were suspended or expelled and failed to return to school.

Data provided by Annie E. Casey Foundation and Alaska Department of Education and Early Development, unless otherwise noted

Significance of Indicator

Research shows that teenagers who don't finish high school are more likely to use drugs, to get into trouble with the law, and to face a future of unskilled, low-paying jobs.[1]

What About Alaska?

Over the past decade, the percentage of teenagers 16 and older dropping out of school in Alaska has consistently been smaller than the national average. But Alaska's rate has gone up in the past few years. In 1996, 9 percent of teenagers 16 or over dropped out of school, compared with 10 percent nationally.

The table on page 42 shows that during the 1996-97 school year, just under 5 percent—1,728 students— of the 35,557 Alaska students in grades 9 through 12 dropped out of school. Alaska Native, Hispanic, and Black students are more likely to drop out than White or Asian students, as the table below shows.

Alaska's 1996-97 dropout rate was lower than the 5.6 percent in the previous school year and was virtually the same as the national rate of 5 percent for students in grades 9-12. That rate has remained relatively stable over the past 10 years.[2]

Alaska Dropouts By Ethnicity, Grades 7-12, 1996-97

Ethnicity	Percentage of Total Enrollment	Percentage of Total Dropouts
White	65.8	53.3
Alaska Native/American Indian	22.1	32.1
Black	4.6	6.5
Hispanic	2.7	4.0
Asian	4.7	4.0

Source: *Alaska Department of Education and Early Development,* Report Card to the Public, School Year 1996-97, *April 1998*

Teens Who Drop Out (continued)

Alaska High-School Dropouts, 1996-97 School Year

Region/District	Number of Dropouts 9-12	Number Enrolled 9-12	Dropout Rate 9-12
Alaska Total	1,728	35,557	**4.9%**
Anchorage Schools	352	12,928	**2.7%**
Matanuska-Susitna Borough Schools	135	3,602	**3.7%**
Gulf Coast Region			
Chugach Schools	3	48	6.3
Copper River Schools	9	193	4.7
Cordova City Schools	2	138	1.4
Kenai Peninsula Borough Schools	114	3,125	3.6
Kodiak Island Borough Schools	21	806	2.6
Valdez City Schools	11	224	4.9
Regional Total	160	4,534	**3.5%**
Interior Region			
Alaska Gateway Schools	8	166	4.8
Delta/Greely Schools	7	271	2.6
Denali Borough Schools	3	118	2.5
Fairbanks N. Star Borough Schools	481	4,495	10.7
Galena City Schools	0	33	0
Iditarod Area Schools	6	106	5.7
Kuspuk Schools	6	119	5.0
Nenana City Schools	3	40	7.5
Tanana Schools	0	26	0
Yukon Flats Schools	10	118	8.5
Yukon/Koyukuk Schools	9	189	4.8
Regional Total	533	5,681	**9.4%**
Northern Region			
Bering Strait Schools	18	338	5.3
Nome City Schools	2	198	1.0
North Slope Borough Schools	28	426	6.6
Northwest Arctic Borough Schools	27	444	6.1
Regional Total	75	1,406	**5.3%**
Southeast Region			
Alyeska Central School*	45	793	5.7
Annette Islands	4	133	3.0
Chatham Schools	2	81	2.5
Craig City Schools	3	124	2.4
Haines Borough Schools	1	153	0.7
Hoonah City Schools	6	87	6.9
Hydaburg City Schools	0	30	0
Juneau Borough Schools	91	1,703	5.3
Kake City Schools	4	45	8.9
Ketchikan Gateway Borough Schools	110	854	12.9
Klawock City Schools	4	63	6.3
Mt. Edgecumbe High School	0	287	0
Pelican City Schools	0	7	0
Petersburg City Schools	5	217	2.3
Sitka Borough Schools	37	569	6.5
Skagway City Schools	1	48	2.1
Southeast Island Schools	4	82	4.9
Wrangell City Schools	3	141	2.1
Yakutat City Schools	3	40	7.5
Regional Total	323	5,457	**5.9%**
Southwest Region			
Aleutian Region Schools	0	6	0
Aleutians East Borough Schools	7	103	6.8
Bristol Bay Borough Schools	0	75	0
Dillingham City Schools	20	134	14.9
Kashunamiut Schools	8	51	15.7
Lake and Peninsula Borough Schools	0	122	0
Lower Kuskokwim Schools	59	764	7.7
Lower Yukon Schools	36	333	10.8
Pribilof Island Schools	0	38	0
Southwest Region Schools	10	110	9.1
Saint Marys Schools	1	24	4.2
Unalaska City Schools	2	91	2.2
Yupiit Schools	7	98	7.1
Regional Total	150	1,949	**7.7%**

**State-run correspondence school with students statewide.*

Source: *Alaska Department of Education and Early Development, Division of Teacher Learning and Support*

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Teens Who Drop Out (continued)

Among regions, the Anchorage school district had the lowest regional dropout rate (2.7 percent) in the 96-97 school year. The Matanuska-Susitna Borough and the Gulf Coast region had rates below 4 percent. The highest regional dropout rate was in the Interior (9.4 percent), followed by that in the Southwest region (7.7 percent).

In individual school districts within regions, the highest dropout rates in 1996-97 were in the Kashunamiut schools (15.7 percent), the Dillingham schools (14.9 percent), and the Lower Yukon schools (10.8 percent) in Southwest Alaska; in the Ketchikan Gateway Borough schools (12.9 percent) in Southeast; and in the Fairbanks North Star Borough schools (10.7 percent) in the Interior.

Costs and Prevention

- Many dropouts report leaving school because they didn't like it or had failing grades. Others got into trouble at school.[3]
- Most of those who drop out think of it as a temporary move—that they will go back to school at some point.[4]
- The strain of living in poverty can hurt grades and lead teenagers to drop out.[5]
- Doing better in school can keep some teenagers from dropping out. One study found that students in danger of not graduating from high school felt more self-confident and adequate as their scores on math tests increased.[6]
- Becoming a parent accounts for more than 25 percent of girls who drop out and about 8 percent of boys.[7]
- But about 28 percent of teenage girls who have babies had dropped out of school *before* they got pregnant.[8]
- Nationwide, Hispanic students are most likely to drop out. Only 62 percent of Hispanic youths complete high school, compared with 91.5 percent of Whites and 83 percent of Blacks.[9]
- White, Asian, and Black students who smoke frequently as early as the seventh grade are more likely than their counterparts to drop out when they reach high school—even if we take into account other factors like demographic differences, academic orientation, family structure, early delinquency, and school environment.[10]
- Early use of marijuana is a strong predictor of which Hispanic students will drop out when they reach high school.[11]
- Teenagers from higher income families who drop out of school are more likely to commit crimes than are teenagers from poorer families, according to some recent research.[12]
- A significant share of high-school dropouts ultimately serve prison terms.[13]
- A male high-school dropout is likely to earn about $260,000 less during his working years (18-65) than a male who completes 12 years of school.[14]

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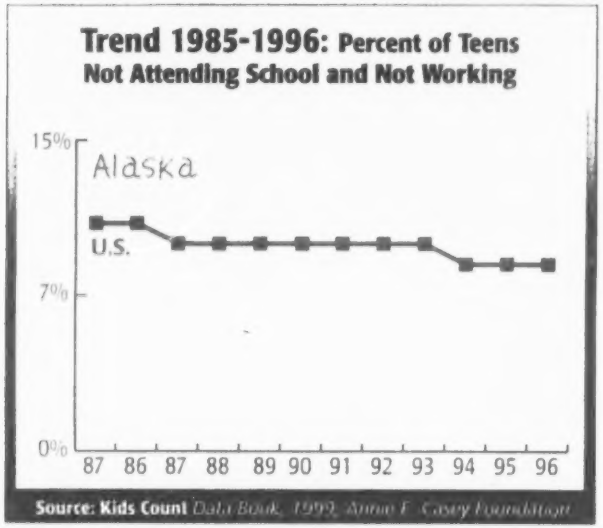
Teens Not In School and Not Working


Trend 1985-1996: Percent of Teens Not Attending School and Not Working
15%
7%
0%
Alaska
U.S.
87 86 87 88 89 90 91 92 93 94 95 96
Source: Kids Count Data Book, 1997, Annie E. Casey Foundation

Definition

The percentage of teenagers 16 through 19 who are not enrolled in school, don't have jobs, and are not in the military. Some of these teenagers (especially the 18- and 19-year-olds) graduated from high school, but others dropped out. Some who didn't graduate have earned General Educational Development (GED) diplomas.

Significance of Indicator

This is essentially a measure of teens who aren't doing much of anything to contribute to society. They're not continuing their education and they're not part of the working world.

What about Alaska?

The percentage of idle 16- to 19-year-olds has been higher in Alaska than the national average for most of the past decade. But that percentage did drop nearly one quarter between 1985 and 1996. Still, 10 percent of Alaska's teenagers 16 and over were idle in 1996, as compared with 9 percent nationally.

Costs and Prevention

- Teenagers who are neither in school nor working are much more likely to depend on welfare.[15]
- GED diplomas are not a substitute for high-school diplomas in today's working world. Even the military is making it harder for those holding just GEDs to enlist.[16]
- Those holding GED diplomas are less likely to complete college programs than are high-school graduates. GED holders working toward associate degrees are only half as likely as high-school graduates to earn the degrees. And only about 2 percent of GED holders working toward bachelor's degrees actually attain them.[17]
- Average wages of those holding GED diplomas are about 8 percent higher than those of dropouts without GED diplomas. But high-school graduates earn on average 12 percent more than those with GED diplomas.[18]

Data provided by Annie E. Casey Foundation, unless otherwise noted

Children with Disabilities at School

Definition

Disabilities range from impaired hearing or speech to emotional disturbances to mental retardation. Many disabilities interfere with children's ability to learn, and public schools typically offer special education to such disabled children. (Not all children with disabilities require special education—only those whose disabilities interfere with their ability to learn.) Special education is instruction tailored specially for individual children, depending on their disabilities.

Significance of Indicator

Until recent times, most schools segregated disabled children into special classes. But now, many children with disabilities are in regular classrooms and receive special education right in those classrooms—or spend a part of the day in regular classes and a part in separate special education classes.

Research shows that children with disabilities gain academically and socially when they attend classes with all students, rather than being segregated into classes solely for special education. And research also shows that the academic performance of children who are fortunate enough to be without disabilities is not compromised when children with disabilities attend the same classes.

Information provided by Millie Ryan of the Governor's Council on Disabilities and Special Education, State of Alaska

Policymakers hope that educating children with disabilities alongside other children will be an important step in helping them overcome barriers to getting jobs and to being integrated into the broader society as they grow older. Statistics show that the current employment picture for Alaskans with significant disabilities is dismal, as it is for adults with disabilities elsewhere in the country. Nearly two thirds of adults who received services from the Alaska Division of Mental Health and Developmental Disabilities in the late 1990s were unemployed, compared with the annual average state unemployment rate of 8 percent. And those who had jobs mostly worked part-time.

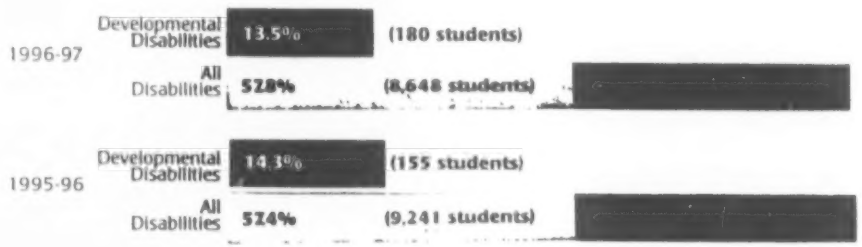
Including children who need special education in regular classes can cost more in the beginning—for personnel, professional development, and building renovations. But except for the cost of hiring more paraprofessionals, most costs are one-time expenses. And even that increased cost may be offset, if other costs drop. For instance, if more children with disabilities were enrolled in regular classes, there might be fewer due process hearings, mediations, and referrals to special education. Transportation costs might also drop, if children with and without disabilities had the same schedules.

What About Alaska?

As of 1996-97, nearly 58 percent of Alaska students (from kindergarten through high school) with all kinds of disabilities who required special education were receiving that special education in regular classrooms.

But among children with *developmental* disabilities, less then 15 percent were in regular classrooms, as the figure below shows. A developmental disability is a severe disabling condition that begins early, persists indefinitely, and limits at least three of a

Percentages of Alaska Students (K-12) With Disabilities Attending Regular Classes*



* *Students with disabilities who receive some special education. Excludes any students who may have disabilities but don't require special education.*
Source: *Millie Ryan, Governor's Council on Disabilities*

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Children with Disabilities at School (continued)

child's critical functions like listening and talking, mobility, self-care, and learning. It includes, for example, children with mental retardation, autism, and brain injuries.

Teenagers with disabilities who are receiving special education (either in special education classes or in regular classes) are somewhat more likely to drop out of school than other teenagers. The bar graph below shows that in 1995-96, nearly 10 percent of disabled students 14 or older dropped out, as compared with about 5.6 percent among all Alaska students 14 or older. But the adjacent table shows that it is only teenagers with certain disabilities—emotional disturbances and specific learning disabilities—who drop out at higher rates. Students with other types of disabilities drop out at substantially *lower* rates than all students.

Students With Disabilities* Who Dropped Out, 1995-96

Type of Disability	Percentage who Dropped out
All Disabilities	9.7%
Developmental Disabilities	1.4%
Hearing Impairments	3.6%
Speech Impairments	4.5%
Visual Impairments	0%
Emotional Disturbances	19.8%
Orthopedic Impairments	0%
Other Health Impairments	3.2%
Specific Learning Disabilities	10.4%

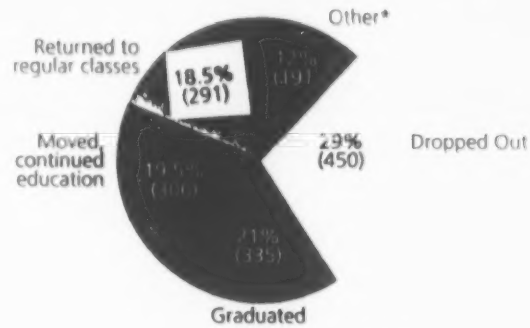
* *Among students with disabilities receiving special education*

Students receiving special education (again, either in special education classes or in regular classrooms) may leave special education programs for a number of reasons. The pie chart shows that in the 1995-96 school year, nearly 30 percent of those who left special education dropped out. But nearly 20 percent returned to regular classes, and another 21 percent who left the program graduated.

Student Dropouts (14 and older), 1995-1996

* *Among students with disabilities receiving special education*
Source: *Millie Ryan, Governor's Council on Disabilities*

Students Ages 14-21 With Disabilities Who Left Special Education, 1995-1996



Total who left Special Education: 1,573

* *Includes students who moved and their school status is unknown, students who reached the maximum school age of 22, and students who died.*
Source: *Millie Ryan, Governor's Council on Disabilities*

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Children with Disabilities at School (continued)

The table to the right shows that about 3,400—close to 75 percent— of the 4,600 teenagers with disabilities in Alaska during the 1995-96 school year had specific learning disabilities. Nearly 500 (10 percent) had developmental disabilities, and another 388 (8 percent) had emotional disturbances. Teenagers with emotional disturbances and specific learning disabilities drop out at much higher rates than those with other kinds of disabilities.

Students With Disabilities Who Left Special Education, 1995-1996

Type of Disability	Students with Disabilities, Ages 14-21	Students Who Left Special Education		
		Total	Dropouts	Other*
All Disabilities	4,620	1,573	450	1,123
Developmental Disabilities	491	78	7	71
Hearing Impairments	55	21	2	19
Speech Impairments	134	65	6	59
Visual Impairments	15	6	0	6
Emotional Disturbances	388	184	77	107
Orthopedic Impairments	13	5	0	5
Other Health Impairments	126	20	4	16
Specific Learning Disabilities	3,398	1,194	354	840

**Includes students who graduated, move elsewhere, reached the maximum school-age of 22, or died.*

Source: *Millie Ryan, Governor's Council on Disabilities*

In recent years, the Alaska Department of Education and Early Development has tried to encourage placement of children with disabilities in regular classrooms by devoting resources to training, statewide assessment, and policy interpretation. A 1994 survey of Alaska special education directors identified a number of obstacles to including children with disabilities, especially those with the most severe disabilities, in regular classrooms:

- Insufficient time and funding
- Inadequate preparation of professional staff
- Resistance to change from regular education teachers
- Lack of support from administrators, parents, communities, and teachers' unions
- Lack of special education personnel
- Distance between sites and staff turnover
- Frustrations among those who teach special education

To help remove these obstacles, the education committee of the Governor's Council on Disabilities and Special Education recommended ways of helping children with disabilities move into regular classrooms:

- Encourage special education in regular classrooms through changes in the state funding formula
- Better equip teachers to work with students with and without disabilities, through changes in teacher training and certification
- Improve leadership among those responsible for moving disabled children into regular classes
- Work to change parental, community, and teachers' attitudes about special education in regular classrooms
- Improve coordination and cooperation among agencies, departments, and groups

Notes for Education Section

[1] J. Fagen, "Contributions of delinquency and substance use to school dropout among inner-city youths," *Youth and Society*, 21(3), 306-354, 1990.

[2] "National drop-out rate remains stable," *Black Issues in Higher Education*, 14(23), 5, 1998.

[3] "Kids having kids—and dropping out," *Curriculum Review*, 35(5), 14, 1996; G.R. Jarjoura, "The conditional effect of social class on the dropout-delinquency relationship," *Journal of Research in Crime and Delinquency*, 33(2), 232-256, 1996; and W.J. Jordan, J. Lara, and J.M. McPartland, "Exploring the causes of early dropout among race-ethnic and gender groups," *Youth and Society*, 28(1), 62-94, 1996.

[4] W. J. Jordan, et al. See note 3.

[5] W.J. Jordan, et al. See note 3.

[6] M.H. Jackson and R. Canada, "Self-concept and math among potential school dropouts," *Journal of Instructional Psychology*, 22(3), 234-237, 1995.

[7] "Kids having kids—and dropping out." See note 3.

[8] J. Manlove, "The influence of high-school dropout and school disengagement on the risk of school-age pregnancy," *Journal of research on adolescence*, 8(2), 187-220, 1998.

[9] See note 2.

[10] P. Ellickson, K. Bui, R. Bell, and K.A. McGuian, "Does early drug use increase the risk of dropping out of high school?" *Journal of Drug Issues*, 28(2), 357-381, 1998.

[11] See note 10.

[12] G. R. Jarjoura. See note 3.

[13] R. T. Stephens, "Dropping out and its ultimate consequence: A study of dropouts in prison," *Urban Education*, 26(4), 401-423, 1992.

[14] See note 1.

[15] *Indicators of Welfare Dependence: Teen Behavior Risk Factors*. Available online at: http://aspe.os.dhhs.gov/hsp/indicator/TEEN5-8.htm

[16] D. Boesel, "The street value of the GED diploma," *Phi Delta Kappan*, 80(1), 65-69, 1998.

[17] See note 16.

[18] See note 16.

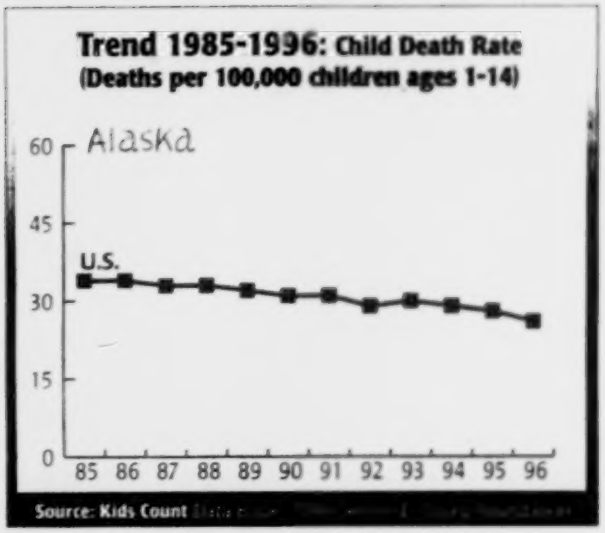
Children in Danger

Child Death Rate
Teen Violent Death Rate
Child Abuse and Neglect

Once you bring life into the world, you must protect it. We must protect it by changing the world.

Elie Wiesel,
Rumanian-born writer and Holocaust survivor

Child Death Rate



Definition

The number of deaths from *all* causes, including both illness and injury, per 100,000 children ages 1 through 14. The data are reported by child's place of residence, not place of death.

Significance of Indicator

We could save many children's lives if we were more vigilant. The largest cause of death for children of all ages in the U.S. is injury—and many (if not most) injuries could be prevented. The Alaska Bureau of Vital Statistics estimates, for example, that among the youngest children (those under age seven) who died in Alaska in 1997, 38 percent weren't supervised adequately at the time they were fatally injured, and 16 percent died when houses without working smoke detectors caught fire.[1]

Data provided by Annie E. Casey Foundation and Alaska Bureau of Vital Statistics, unless otherwise noted

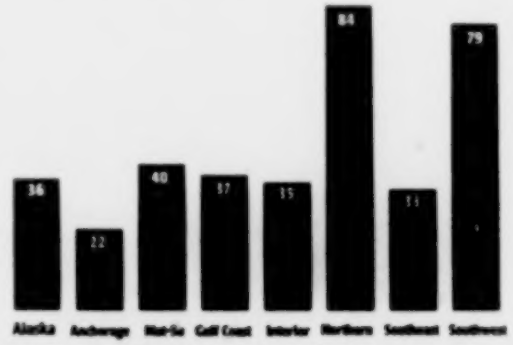
What About Alaska?

The child death rate in the U.S. in 1996 was 26 per 100,000 children, down substantially from 34 a decade ago. Alaska's child death rate in 1996 was 30 per 100,000—down very sharply from 56 in 1985, when it was the highest in the nation. But while the trend in Alaska's rate is down, it is still higher than the national average—and it jumps up and down from year to year.

Part of the explanation for that fluctuation is that even a few additional deaths in a given year can change the rate dramatically in a small population like Alaska's. For example, Alaska's 1996 child death rate of 30 per 100,000 was based on 46 deaths, while the 1995 rate of 41 per 100,000 was based on 62 deaths.

But even when we calculate a five-year average—to help smooth out the year-to-year jumps—Alaska's rate is still much higher than the national average. As the bar graph below shows, the annual child death rate for the period 1992-1996 in Alaska was 36 per 100,000. It varied from a low of 22 in Anchorage to a high of 84 in the Northern region.

Child Death Rate
(Death Rate per 100,000 Children 1 to 14, 5-year Average, 1992-1996)



Source: *Alaska Department of Labor; Alaska Bureau of Vital Statistics*

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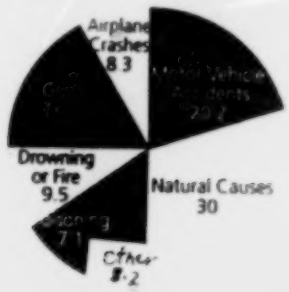
Child Death Rate (continued)

Injuries (accidental or intentional) kill many Alaska children each year, especially in rural areas. Unlike many other Kids Count indicators—which examine things that are difficult to change, like poverty levels—we could substantially reduce the number of child deaths through relatively simple measures. We could, for example, make sure that all children wear life vests in boats; that all homes have working smoke alarms; and that guns and poisonous household products are locked away from children.

The pie chart below shows that natural causes explained only 30 percent of the 84 deaths among Alaska's children (through age 17) in 1997. Accidents with motor vehicles, which include everything from cars to snowmachines, and airplane crashes killed nearly 30 percent of the children who died that year. Nearly another 10 percent of the children died by drowning or in fires. One third of the older children (10 to 17) who died in 1997 were murdered or committed suicide.

How Did Alaska Children (1-17) Die in 1997?

Causes of Death (In Percentages)



Manner of Death

Numbers of Deaths by Age

	1-4	5-9	10-17	Total
Natural Causes	11	4	10	25
Accidents	13	11	16	40
Suicides	0	1	7	8
Homicides	1	0	8	9
Other	0	0	2	2
Total	25	16	43	84

Total Deaths in 1997: 84

Source: *Alaska Bureau of Vital Statistics, 1997 Annual Report*

Costs and Prevention

- The leading cause of death for children of all ages throughout the U.S. is injury. Each year injuries kill 36 percent of the children from ages 1 through 4 who die and 41 percent of those 5 through 14 who die.[2]

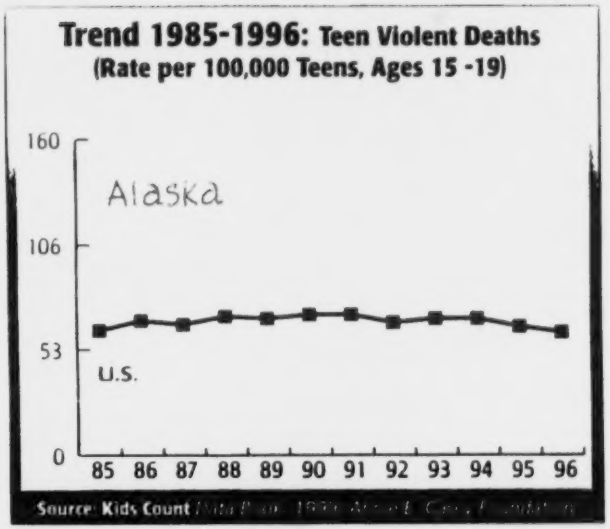
- Motor vehicle crashes are the single largest cause of injury death for American children between ages 1 and 9.[3]

- After crashes, fires and related burns and drowning are the next largest causes of injury deaths among American children. Fire and drowning kill children ages 1 to 4 at approximately three times the rate as among children ages 5 to 9.[4]

- The rate of child deaths from homicides nearly tripled between 1960 and 1991. Homicide in the 1990s became the fourth leading cause of death among children ages 1 to 9.[5]

- At the start of the 1990s, unintentional injuries killed an estimated 3,600 children per year, permanently disabled 20,000, put 350,000 in the hospital, and sent 15 million to emergency rooms.[6]

Teen Violent Death



Definition

The number of deaths due to accidents, suicides, and homicides per 100,000 teens ages 15 through 19. Data are reported by place of teen's residence, not place of death.

Significance of Indicator

American teenagers die—accidentally or intentionally—at rates much higher than in many other developed countries. Experts say that two-thirds of the teenagers who die each year could be saved, if parents and teenagers themselves did a better job of recognizing risks and guarding against them.[7]

Data provided by Annie E. Casey Foundation and Alaska Bureau of Vital Statistics, unless otherwise noted

What About Alaska?

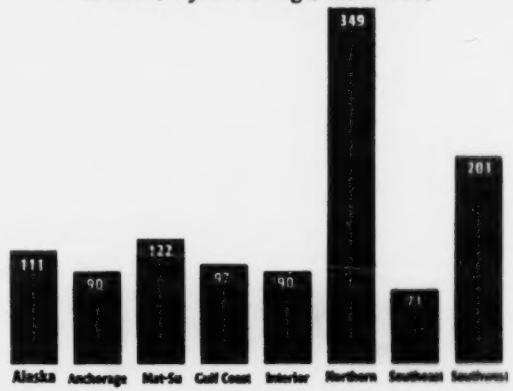
In 1996, the teen violent death rate in Alaska was nearly 113 per 100,000, compared with a national rate of 62. For the past decade, rates of violent death among Alaska's teenagers have consistently been either the highest or close to the highest in the nation. The Alaska rate does, however, fluctuate sharply from year to year. Alaska's population is small—and a relatively small change in the actual number of deaths can make a big difference in the death rate. For example, in 1995, Alaska's rate of close to 83 deaths per 100,000 teens represented 35 actual deaths. In 1996, Alaska's teen death rate jumped to nearly 113 per 100,000, based on 50 deaths.

Looking at a five-year average of teen violent deaths helps smooth out the year-to-year fluctuations—but we can still see that death rates among Alaska's teenagers are discouragingly high. Between 1992 and 1996, Alaska's teens died at a rate of 111 per 100,000. Regional rates varied from a low of 71 per 100,000 in the Southeast (a rate still above the national average) to a high of 349 per 100,000 in the Northern region. While these rates are extremely high—and we all want them to come down—remember that even averages over five years in regions with very small populations are based on relatively small numbers of deaths.

Costs and Prevention

- The top three causes of death among American teens are accidents (including motor vehicle and other accidents), homicides, and suicides.[8]
- Among teenagers who die in the U.S. each year, 30 percent are killed in car crashes—and almost half those crashes are linked to alcohol.[9]

Teen Violent Death Rate
(Accidents, Suicides, and Homicides per 100,000 Teens 15 to 19, 5-year Average, 1992-1996)



Source: *Alaska Department of Labor; Alaska Bureau of Vital Statistics*

Teen Violent Death (continued)

- The death rate for male teenage drivers (13 per 100,000) is twice that of female teenage drivers (6 per 100,000).[10]
- Teenage drivers who have been drinking but are not legally drunk are still far more likely than sober teenage drivers to be killed in single vehicle crashes—18 times more likely for boys, 54 times more likely for girls.[11]
- Immaturity and lack of driving experience contribute to teenagers' high crash rates. About half of all deaths among teenage drivers occur between 9 p.m. and 6 a.m.[12]
- Roughly 10,000 teenagers are murdered, commit suicide, or die of complications from AIDS in the U.S. annually. Experts believe almost all these deaths could be prevented.[13]
- The death rate among teenage girls in the U.S. is twice that of girls in the United Kingdom, Italy, Japan, or Germany.[14]
- Adolescents and young adults die more often than people at any other age from accidents and homicides involving firearms.[15]

Definition

Child abuse occurs when adults with custodial responsibility for children endanger them physically, sexually, or mentally—either directly or by failing to protect them from others.[16] Neglect includes emotional, medical, or physical neglect.[17]

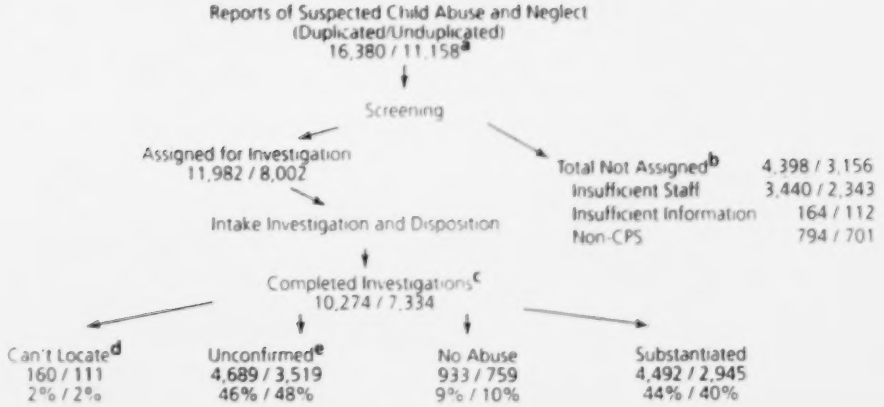
Interpreting Statistics on Child Abuse and Neglect

Child protection agencies often receive more than one report of neglect or abuse for the same child—so cases of abuse can be reported in *duplicated* numbers (including more than one report for the same child) or *unduplicated* numbers (with each child reported only once). Duplicated cases show an agency's workload. Unduplicated cases show the number of reports of children suffering abuse.

The figures in this section report mainly *unduplicated* cases. But the adjacent flow chart shows both duplicated and unduplicated reports of abuse the Alaska Division of Family and Youth Services handled in fiscal year 1998. That chart makes it clear that the agency's workload is much higher than unduplicated counts show.

Information about Alaska provided by Roger Withington, Division of Family and Youth Services, Alaska Department of Health and Social Services

Overview of Child Protective Services, FY 1998
Division of Family and Youth Services



[a] *Duplicated reports include more than one report of abuse of the same child. Unduplicated reports include each child only once.*

[b] *Some reports are not assigned for investigation because DFYS does not have sufficient staff to investigate some reports classified as low priority, some reports can't be assigned for lack of information, and some reports (non-CPS) are in fact not reports of child abuse and neglect but rather inquiries or complaints (like questions about food stamps) that DFYS records but refers to other divisions. Some of these reports are referred to community services. The breakdowns of the "Not Assigned" cases are estimates.*

[c] *These are investigations completed in FY 1998. The number completed doesn't necessarily match the number assigned for investigation. Some reports assigned in FY 1998 may not have been completed that year – and some reports completed in FY 1998 may have been assigned in an earlier year.*

[d] *Agency can't locate child or family.*

[e] *Cases that may show evidence of abuse but not enough to confirm.*

Source: *Roger Withington, Alaska Department of Health and Social Services, Division of Family and Youth Services.*

There is also a big difference between *total reports* of suspected abuse (which may not all be substantiated) and *substantiated* cases. Experts disagree about which measure best shows actual levels of child abuse—mainly because total reports may overstate the problem, and substantiated cases may not capture all the incidents of abuse.[18] Here we report information both ways, always making the distinction clear.

Finally, reliable measures of child abuse and neglect are difficult to obtain. While some cases of suspected child abuse and

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Child Abuse and Neglect (continued)

neglect are never reported, other cases receive multiple reports. Furthermore, variations in the way child protective service agencies screen and investigate cases can also have a significant influence on the estimated rates of child abuse and neglect. So readers should pay careful attention to what measures of child abuse are being used—and keep in mind that a number of factors can influence the reported rates.

Significance of Indicator

Among all the dangers children face as they grow up, abuse is the most reprehensible. Unlike other indicators in this book, child abuse is harm adults inflict on children they are supposed to protect. And statistics show that it is the most vulnerable—infants and very young children—who are most likely to be hurt. Children under the age of five suffer most of the abuse nationwide, and most of those who die at the hands of their abusers are under age 2.[19]

What About Alaska?

Investigation Procedures

The Division of Family and Youth Services in the Alaska Department of Health and Social Services investigates reports of children being hurt (or exposed to harm). The flow chart on page 55 shows the numbers of both duplicated and unduplicated reports the division receives, as well as the process it follows for investigating those reports.

Anyone who believes a child is in danger (or at risk of harm) can file a report. The division screens all the reports and assigns most for investigation. Some reports are closed because they don't provide enough information for the division to investigate. Others are closed because the division doesn't have enough staff to investigate all reports it classifies as lowest priority. Finally, some reports don't actually involve child protection issues; these are referred on to other agencies.

In fiscal year 1998, the division received 11,158 reports (*unduplicated*) of suspected child abuse. About three out of four of those reports were assigned to investigators. Of those, 40 percent were *substantiated*, meaning the division found evidence to confirm child abuse or neglect. About half (48 percent) of the reports were *unconfirmed*—meaning that investigators found some evidence of abuse, but not enough to substantiate the case. Another 10 percent of investigated cases found no abuse. Finally, in a few cases (less than 2 percent) investigators couldn't locate the family or children in question. Duplicated reports of child abuse followed similar patterns.

Rates of Abuse, FY 1993-1998

Neglecting children was the most common type of substantiated abuse in Alaska from 1993-1998, at an average rate of about 9 neglected children per 1,000 children under 18. More than 4 children per 1,000 were physically abused and nearly 2 children per 1,000 were sexually abused during that period. Mental injury and abandonment were relatively rare.

Substantiated Child Abuse and Neglect Among Alaskan Children, by Type of Abuse, Annual Average FY 1993 - FY 1998

Type of Abuse	Average No. of Unduplicated Cases	Rate per 1,000 Children Under 18
Neglect	1,682	8.7
Physical Abuse	873	4.5
Sexual Abuse	348	1.8
Mental Injury	67	0.4
Abandonment	15	0.1

Source: *Division of Family and Youth Services, Alaska Department of Health and Social Services*

Substantiated Child Abuse and Neglect Among Alaskan Children, by Race Annual Average FY 1993 - FY 1998

Race	Average No. of Unduplicated Cases	Rate per 1,000 Children Under 18
White	1,132	8.5
AK Native	1,363	32.9
Black	235	25.5
Asian/Pacific Isl.	50	5.9

Source: *Division of Family and Youth Services, Alaska Department of Health and Social Services*

Child Abuse and Neglect (continued)

Rates of substantiated child abuse and neglect vary significantly by race in Alaska. The highest rates of abuse from 1993 to 1998 were among Alaska Native children (33 per 1,000) and Black children (25 per 1,000). Substantiated abuse was considerably lower among White children (about 9 per 1,000) and Asian/Pacific Island children (6 per 1,000).

Overall reports of child abuse and neglect were relatively stable in Alaska in the 1990s, ranging roughly between 55 and 57 reported cases per 1,000 children. But rates of *substantiated* harm were higher in 1993 and 1994 than they have been in more recent years. In 1998 the rate of substantiated abuse was 15 per 1,000, down from 17.5 in 1993.

Alaska Native children suffered the highest rates of neglect and sexual abuse. Physical abuse was highest among Black children. Rates of all kinds of abuse were lowest among children of Asian or Pacific Island descent.

Trends in Child Abuse and Neglect Among Alaskan Children

(Number of Unduplicated Cases and Rates per 1,000 Children Under Age 18)

	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
	FY 93		FY94		FY95		FY96		FY 97		FY98	
Reported	10,572	55.7	11,073	57.7	10,916	56.1	10,711	55.7	10,635	54.9	11,158	56.7
Not Assigned for Investigation	3,518		3,669		4,126		3,595		3,456		3,156	
Completed Investigations*	7,577	39.9	7,521	39.2	6,808	35.0	6,397	33.3	7,654	39.5	7,334	37.3
Substantiated	3,325	17.5	3,103	16.2	2,852	14.7	2,681	14.0	3,004	15.5	2,945	15.0
Unconfirmed	3,572	18.8	3,774	19.7	3,550	18.2	3,218	16.7	3,999	20.6	3,519	17.9
No Evidence of Abuse	643	3.4	569	3.0	352	1.8	427	12.2	567	12.9	759	3.9
Can't Locate	37	0.2	75	0.4	54	0.3	71	0.4	84	0.4	111	0.6

** Investigations completed in any given year may have begun in an earlier year.*

Source: *Division of Family and Youth Services, Alaska Department of Health and Social Services*

Substantiated Child Abuse and Neglect Among Alaskan Children by Race and Type of Abuse (Annual Average FY 1993 - 1998)

Average Number of Unduplicated Cases and Rates per 1,000 Children Under 18

	Neglected		Physical Abuse		Sexual Abuse		Mental Injury		Abandonment	
Race	No. Cases	Rate	No. Cases	Rate	No. Cases	Rate	No. Cases	Rate	No. Cases	Rate*
White	471	3.7	431	3.2	173	1.3	32	0.2	6	n/a
AK Native	955	23.1	262	6.3	115	2.8	23	0.6	8	n/a
Black	126	13.7	83	9.0	18	1.9	7	n/a	0	n/a
Asian/Pacific Isl.	22	2.6	23	2.7	4	0.5	1	n/a	0.5	n/a

** Rate not available because numbers of cases too small*

Source: *Division of Family and Youth Services, Alaska Department of Health and Social Services*

Costs and Prevention

- Up to 40 percent of those who are abused as young children become abusers themselves—sometimes before they are even teenagers.[20]
- Nearly 3 million children were reported as possible victims of child abuse or neglect nationwide in 1995. Of those reports, 52 percent were for neglect, 25 percent for physical abuse, and the remaining 23 percent for sexual or emotional abuse.[21]
- An estimated 50 to 80 percent of families reported to child protective services nationwide have substance-abuse problems.[22]
- As they get older, children who have been abused and neglected are more likely to do poorly in school, to commit crimes, to have emotional or sexual problems, and to abuse alcohol or drugs.[23]
- The incidence of child abuse is approximately 22 times higher among families with annual incomes below $15,000 than among those with incomes of more than $30,000 per year.[24]

To report child abuse and neglect in Alaska, call 1-800-478-4444.

Notes for Children in Danger Section

[1] Alaska Bureau of Vital Statistics, 1997 *Annual Report*, pages 63-67.

[2] U.S. Department of Health and Human Services, Public Health Service, Maternal and Child Health Bureau, *Child Health USA 1998*, 1998.

[3] Annie E. Casey Foundation, Kids Count *Data Book*, 1997.

[4] See note 3.

[5] U.S. Department of Health and Human Services, Public Health Service, Maternal and Child Health Bureau, *Child Health USA 1993*, 1993.

[6] Center for the Future of Children, The David and Lucile Packard Foundation, *The Future of Children*, 5 (1), Spring 1995, p.214.

[7] *USA Today. Health 1999*, "Risky actions send teen death rate soaring." Available online at: http://www.usatoday.com/life/health/child/teens/lhcte015.htm

[8] *National Vital Statistics Report*, Vol. 47, No. 9, November 10, 1998.

[9] See note 7.

[10] National Center for Injury Prevention and Control, *Teenage Motor Vehicle Deaths: Fact Sheet*. Available online at: http://www.cdc.gov/ncipc/duip/teenmvh.htm

[11] See note 10.

[12] See note 10.

[13] See note 7.

[14] See note 7.

[15] See note 8.

[16] Adapted from Colorado Children's Campaign, *Kids Count in Colorado*, 1994.

[17] Definition from *Kids Count in Nebraska*, 1995.

[18] New York's Kids Count data book for 1995 discusses in detail the complexities involved in trying to choose the most accurate measure of child abuse.

[19] K. McCurdy and D. Daro, *Current trends in child abuse reporting and fatalities*. Presents results of the 1992 Fifty State Survey by the National Committee to Prevent Child Abuse. 1993.

[20] Survivors And Victims Empowered, *Child Protection Guide*, 1997. Available from P.O. Box 3030, Lancaster, Pennsylvania, 17604-3030.

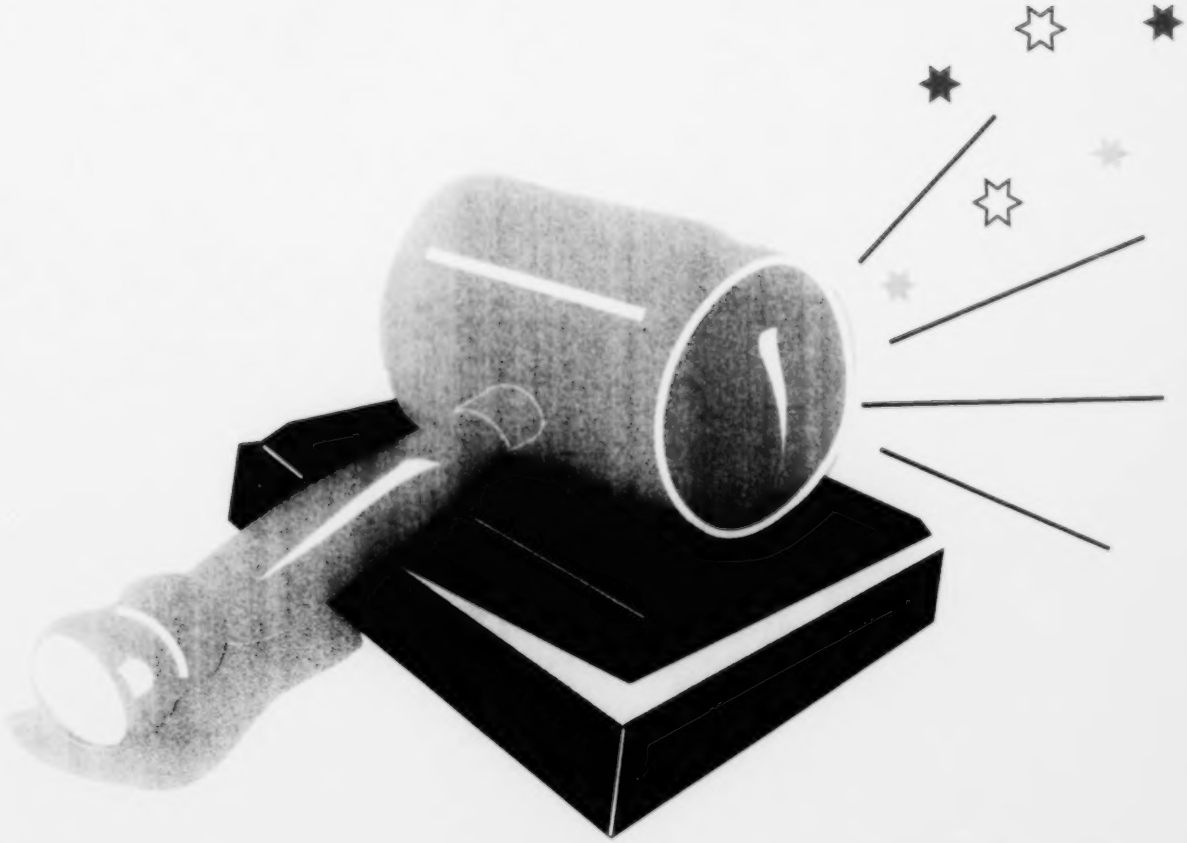
[21] Center for the Future of Children, *Protecting children from abuse and neglect*, 1998. Available from 300 Second Street, Suite 102, Los Altos, California, 94022.

[22] See note 21.

[23] See note 21.

[24] See note 21.

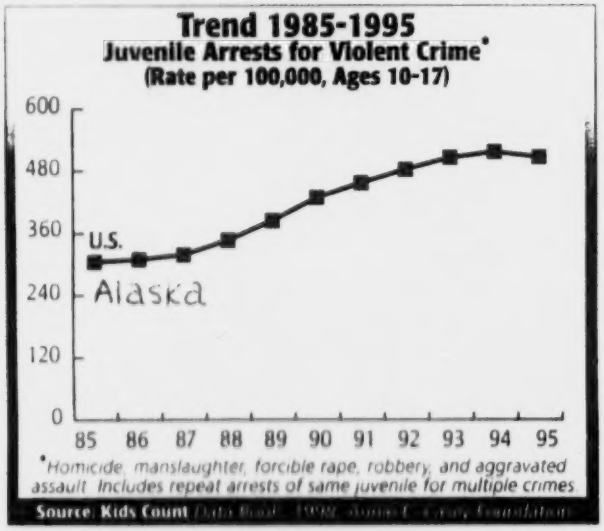
Juvenile Crime in Alaska



Crime is an equal-opportunity employer. It never discriminates. Anybody can enter the field.

Ice-T,
American rapper

Juvenile Crime in Alaska



Definition

The rate of crimes committed by persons under 18 who go through the juvenile justice system. The overwhelming majority of juveniles who commit crimes are between ages 10 and 17. A few juveniles who commit specific violent crimes are, under Alaska law, tried in adult court. Also, in some other instances, judges can order juveniles to be tried in adult court. Juvenile crimes range from shoplifting to vandalism to murder.

Data for Alaska provided by Roger Withington of the Division of Juvenile Justice, Alaska Department of Health and Social Services

Significance of Indicator

Teenagers committing crimes seem to make headlines almost daily. And violent teenagers are using guns more often. In 1994, 8 in 10 juveniles who committed murders used guns, compared with 5 in 10 in 1983.[1]

But it's useful to keep in mind that adults, not teenagers, still commit most violent crimes. One source estimated in the mid-1990s that juveniles committed about 13 percent of violent crimes nationwide.[2] Also, in Alaska and nationwide, most juvenile arrests are for crimes against property rather than against persons.[3]

Finding ways to keep juveniles from committing crimes would pay off in many ways—only one of which is that it would save taxpayers money. The average cost of incarcerating a juvenile for one year is an estimated $35,000 to $64,000. For comparison, the current cost of Head Start's intervention program is $4,300 per child per year.[4]

Violent Juvenile Crime in Alaska and U.S.

In 1995, Alaska's rate of violent juvenile crime was 377 per 100,000 juveniles (ages 10-17). That was considerably below the national rate of 507 per 100,000 juveniles.

But the rate of violent crime by juveniles in Alaska rose very sharply in the early 1990s, as the trend graph to the left shows. In 1995, the rate was 80 percent higher than in 1985. The rate in both Alaska and the U.S. as a whole did appear to level off between 1994 and 1995. However, because of problems getting consistent data throughout the country, the national Kids Count program has now dropped this indicator. So we can't compare how the rates of violent crime by juveniles nationwide and in Alaska changed in the most recent years.

Alaska's Juvenile Corrections System

The Division of Juvenile Justice in the Alaska Department of Health and Social Services administers Alaska's juvenile justice system. (This is a new division. Until recently, the Division of Family and Youth Services administered the juvenile justice system.)

The division tries to reduce or prevent delinquency through "restorative justice." This means it tries to hold juveniles accountable for their crimes; to protect the public; to restore victims and communities; and to provide juvenile offenders with services (like treatment for drug use) that will make them more responsible and less likely to commit crimes in the future. The flow chart on the next page shows how Alaska's juvenile justice system works and how many cases it handled in fiscal year 1999.

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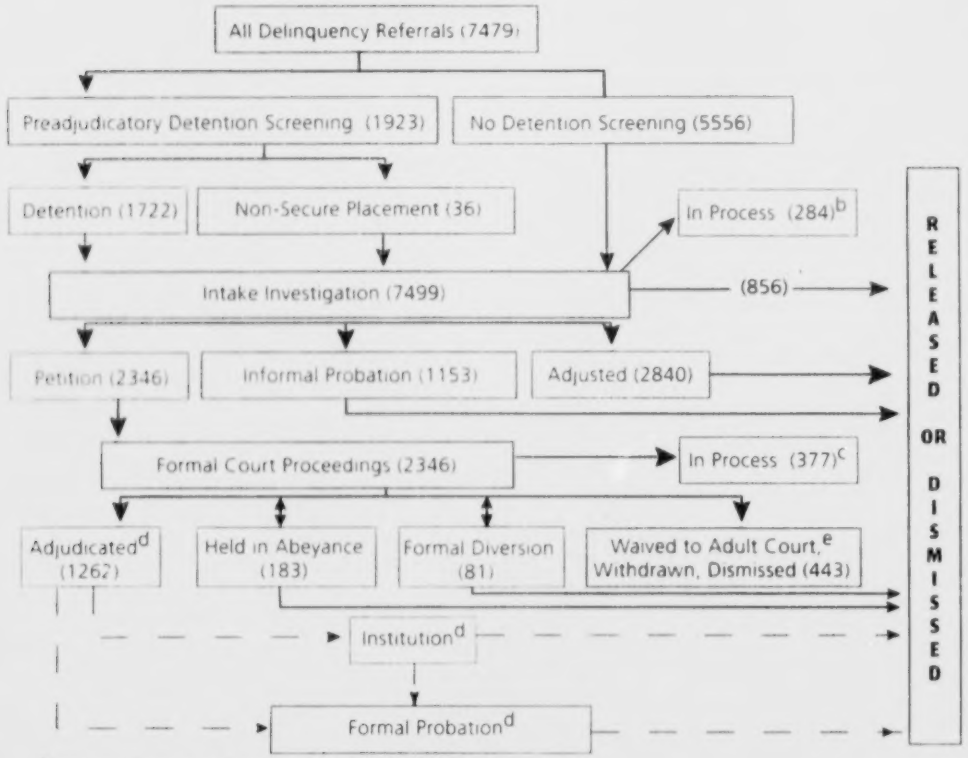
Juvenile Crime in Alaska (continued)

Referrals To Juvenile Justice, Fiscal Year 1999
(Duplicated Cases[a])



[a] *Includes multiple referrals of same juvenile.*

[b] *Intake investigation not yet complete at end of fiscal year.*

[c] *Formal court proceedings pending at end of fiscal year.*

[d] *Numbers of juveniles who are placed in youth correctional facilities or are put on formal probation in a given year typically exceed the number who go through adjudication in that year. That's because the juvenile justice system's records also include many juveniles on "informal" probation and because some juveniles who went through adjudication in an earlier year are recorded every year they are on probation.*

[e] *These are juveniles judicially waived to adult court—that is, sent to adult court at the discretion of judges. Other juveniles of specific ages who commit specific crimes are automatically waived to adult court under Alaska law. In either case, few juveniles are tried in adult court.*

Source: *Alaska Department of Health and Social Services, Division of Juvenile Justice*

Police Referrals

Juveniles suspected of committing crimes come into the system when police send "delinquency referrals" to the juvenile justice division. There were about 7,500 delinquency referrals in fiscal 1999. Most juveniles referred to the system go directly to the intake investigation stage. But police can ask that juveniles who have been arrested for more serious crimes be detained immediately, while their cases are pending. Such juveniles—about one quarter of the referrals in 1999—go through detention screenings.

The division uses several criteria—including severity of the crime, risk to the public, and a juvenile's history of violence—to decide whether immediate detention is warranted. Juveniles who go through such screenings can be placed in youth corrections facilities, foster homes, or attendant care shelters while their cases are pending. They can also be released to parents or relatives. In some cases, the division decides no immediate detention is required.

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Investigation and Resolution

During the intake investigation, division personnel decide if they have sufficient legal grounds to go forward. Some cases—about 10 percent in 1999—are dismissed at this point. Cases that go forward—roughly 90 percent in 1999—can take several routes.

For the most serious cases, the division files a petition for court proceedings. About 31 percent of referrals in 1999 went to formal court proceedings. Most juveniles who go to court are either placed in youth corrections facilities or put on formal probation. Juveniles on probation are supervised and are typically required to pay restitution to victims, do community service, or meet other conditions.

Other cases, involving lesser offenses, can stop short of court proceedings. Such cases can be "adjusted" in various ways, if the division determines that it can hold the juvenile accountable and protect the community without going to court. About 38 percent of referrals were adjusted in 1999.

Adjustments can include warning letters, conferences with parents, or requirements that the juvenile get academic tutoring or treatment for substance abuse. Another adjustment is informal probation. This is less structured than the formal probation that comes out of court proceedings, but still involves keeping track of juveniles and imposes conditions (like community service) or referrals to Youth Court (see box on page 68).

Juvenile Crime Rates

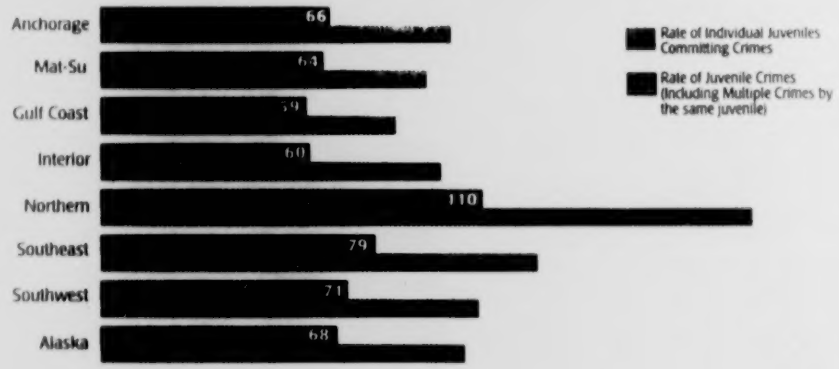
We use police referrals to the juvenile corrections system as a measure of juvenile crime in Alaska. Referrals are a reasonable measure of overall juvenile crime–but it's important to keep in mind that some referrals are dismissed for lack of evidence.

The bar chart shows average rates of juvenile crime in Alaska, by region, for the period from 1994 through 1998. It reports two rates: (1) the number of *individual* juveniles who committed crimes per 1,000 juveniles ages 10-17, and (2) the number of *crimes* per 1,000 juveniles, including multiple offenses committed by the same juvenile.

On average, 68 per 1,000 Alaska juveniles (ages 10-17) committed crimes from 1994 through 1998, and there were 105 crimes per 1,000 juveniles. Juvenile crime was lowest in the Gulf Coast region and highest in the Northern region.

Crimes against property made up more than half the juvenile crime in all regions of Alaska, except the Southwest, from 1994 through 1998. Crimes against persons made up from 14 to 18 percent in all regions except the Southwest, where 24 percent of crimes were against persons. Juveniles in Southeast Alaska were most likely to violate drug or alcohol laws.

Juvenile Crime* in Alaska, By Region (5 - year Average, FY 94-98)
(Rates per 1,000 Juveniles 10-17)



* *Based on police referrals to juvenile corrections system.*

Source: *Alaska Department of Health and Social Services, Division of Juvenile Justice*

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Juvenile Crime in Alaska (continued)

Annual Police Reports[a] of Juvenile (10-17) Crime, By Region and Type of Crime (5 - Year Average, FY 1994-1998)

Region	Type of Crime: Crimes Against Persons		Crimes Against Property		Violation of Drug and Alcohol Laws		Others[b]		Total[c]	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Anchorage	454	14%	1,810	57%	265	8%	651	21%	3,180	100%
Mat-Su	127	16%	463	58%	101	12%	111	14%	801	100%
Gulf Coast	162	18%	486	54%	145	16%	103	12%	896	100%
Interior	221	18%	681	54%	168	13%	187	15%	1,257	100%
Northern	117	17%	363	53%	103	15%	99	15%	681	100%
Southeast	213	17%	652	52%	242	19%	148	12%	1,256	100%
Southwest	141	24%	275	46%	102	17%	78	13%	597	100%
Alaska	**1,435**	**17%**	**4,731**	**54%**	**1,125**	**13%**	**1,376**	**16%**	**8,668**	**100%**

[a] *Reports police send to probation officers, who then investigate. These are duplicate counts—meaning they include more than one crime by the same juvenile; duplicated counts show the overall level of juvenile crime.*
[b] *Includes violations of public order laws, weapons laws, and miscellaneous other offenses.*
[c] *Average annual number of crimes.*
Source: *Alaska Department of Health and Social Services, divisions of Family and Youth Services and Juvenile Justice.*

In Alaska, as in the rest of the nation, boys are far more likely than girls to commit crimes—by a margin of about three to one in recent years.

The share of crimes Alaska Native and Black juveniles committed in the 1990s was significantly higher than their share of the Alaska juvenile population.

The Alaska Department of Labor estimates that Alaska's juvenile population (ages 10-17) from 1994-1998 was more than 70 percent White, approximately 20 percent Alaska Native, 5 percent Black, and 4 percent Asian or Pacific Islander.

Statewide, Natives committed about 28 percent of juvenile crime and Blacks about 7 percent. The top table on the facing page shows juvenile crime by race and region from 1994 through 1998.

Reliable figures on the share of juveniles by race in various regions of the state are not available right now. But the bottom table on the facing page shows the percentage breakdown of the entire population by race and region. This table lets us make a very rough comparison of how the share of juvenile crime by race and region compares with the regional population breakdown by race. So, for example, in the Southwest, Native juveniles commit the overwhelming share of juvenile crime—but they also make up most of the juvenile population.

Police Reports of Juveniles* (ages 10-17) Committing Crimes, by Race and Region

Region	(Percentages based on 5 - year average, FY 94-98) Native	Black	White	Asian/Pacific Isl.	Hispanic and Other	Total Number Juveniles Committing Crimes, 1994-98*
Anchorage	14%	14%	61%	5%	7%	10,500
Mat-Su	7	2	89	0.3	2	2,731
Gulf Coast	12	1	77	5	5	3,100
Interior	28	10	56	1	5	3,838
Northern	90	0.2	5	1	4	1,991
Southeast	32	1	50	2	16	3,928
Southwest	89	1	9	0.2	2	1,945
Alaska	**28%**	**7%**	**56%**	**3%**	**7%**	**28,033**

* *Unduplicated reports of juvenile crime—which means juveniles who commit more than one crime show up only once in the numbers.*
Note: *Percentages may total slightly more or less than 100 because of rounding.*
Source: *Alaska Department of Health and Social Services, Division of Juvenile Justice*

Alaska Population[a] by Race[b] and Region, 1997

	White	Alaska Native	Black	Asian/Pacific Islander
Anchorage	78%	8%	7%	7%
Mat-Su	93	5	1	1
Gulf Coast	84	10	1	5
Interior	79	12	7	2
Northern	20	75	1	4
Southeast	75	20	1	4
Southwest	22	75	0.5	3
Alaska	**74%**	**17%**	**5%**	**5%**

[a] *These are percentage breakdowns of the total Alaska population. The proportions of juveniles by region would be somewhat different, especially in the Northern and Southwest regions, where most residents are Alaska Natives. That's because the proportion of children and teenagers is higher among Natives.*
[b] *"Hispanic" is considered an ethnic rather than a racial group, and the Alaska Department of Labor includes Hispanic persons in other racial groups. The department estimated that in 1997 about 5 percent of Alaskans were of Hispanic origin.*
Source: *Alaska Department of Labor, Research and Analysis Section*

Juvenile Crime in Alaska (continued)

Snapshot of Juvenile Crime

- Most American schools report little crime. During the 1996-97 school year, 80 percent of American schools reported five or fewer crimes of any kind (serious or petty) on school grounds.[5]

- Still, three in ten teenagers say violence in their own schools is a serious problem.[6]

- One of every five violent crimes committed by juveniles occur in the four hours after the end of the school day—between 2 and 6 p.m.[7]

- In most American communities, juveniles are neither murdering people nor being murdered. In 1995, 85 percent of U.S. communities reported no murders of juveniles, and 93 percent recorded either one or no juvenile arrests for murder.[8]

- After increasing for more than a decade, homicides committed by juveniles dropped 17 percent in 1995. Specifically, boys committed fewer homicides, while girls committed about the same number (which is a small fraction of the number boys commit).[9]

- Murders committed by juveniles with guns soared 182 percent between 1987 and 1993. Murders with other weapons increased only 15 percent during the same period.[10]

- Twenty states (including Alaska) try juveniles in adult courts for certain felonies.[11]

- A University of Florida study found that juveniles sentenced to adult prisons go back to crime more quickly after they are released —and commit more crimes and more serious crimes—than those held in juvenile institutions.[12]

- A study looking at juvenile crimes and subsequent punishment found that if juvenile crime was treated too leniently—if juveniles perceived they wouldn't be held accountable for their crimes—rates of juvenile crime went up.[13]

Notes for Juvenile Crime Section

[1] U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, *Juvenile Offenders and Victims: 1996 Update on Violence*. Available online at: http://www.public-policy.org/~ncpa/hotlines/juvcrm/eocp1.html

[2] Gallop Poll Monthly, September 1994, cited in American Civil Liberties Union, *ACLU Fact Sheet on Juvenile Crime*, 1996. Available online at: http://www.aclu.org/congress/juvenile.htm

[3] Justice Center, University of Alaska Anchorage, "Alaska juvenile arrests: Basic figures," *Alaska Justice Forum*, 14(4), 1998.

[4] See note 1.

[5] E. Donohue, V. Schiraldi, and J. Ziedenberg, "School house hype: School shootings and the real risks kids face in America," *Justice Policy Institute Policy Report*, July 1998.

[6] I. Apfel, "Teen violence: Real or imagined?" *American Demographics*, 1995. Available online at: http://www.marketingtools.com/publications/ad/95_AD/9506_AD/AD441.htm

[7] H. Snyder, "Time of day juveniles are most likely to commit violent crime index offenses," (1998). Adapted from M. Sickmund, H. Snyder, and E. Poe-Yamagatam, "Juvenile Offenders and Victims: 1997 Update on Violence," *OJJDP Statistical Briefing Book*. Washington D.C.: Office of Juvenile Justice and Delinquency Prevention, 1997. Available online at: http://ojjdp.ncjrs.org/ojstatbb/qa053.html

[8] See note 5.

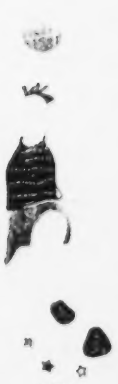
[9] See note 7.

[10] *Known Juvenile Offenders by Weapon Type, 1980-1995*. Available online: http://ojjdp.ncjrs.org/ojstatbb/qa050.html

[11] National Center for Policy Analysis, *NCPA Fact Sheet on Juvenile Courts*. Available online at: lines/juvcrm/tcc3a.html http://www.ncpa.org/

[12] *The New York Times*, "States Revamping Laws on Juvenile Crime," May 12, 1996, citing a University of Florida study.

[13] National Center for Policy Analysis, *Crime and Gun Control: When Juvenile Criminals go Unpunished*. Available online: http://www.ncpa.org/pi/crime/nov97f.html



Youth Courts: Kids as Judge, Jury, Lawyer, and Defendant

Teenagers who commit petty crimes in Anchorage and about a dozen other Alaska communities have the choice of going through youth courts rather than the state juvenile justice system. In youth courts, teenagers (ages 12 to 18) act as judges, defense attorneys, prosecutors, and jurors. Juveniles who go before the youth court have to accept sentences the court hands down—but in exchange, they come away without criminal records.

The Anchorage Youth Court, established in 1989, is the state's oldest and largest youth court. It hears about 450 cases per year. Before they can serve on the Anchorage court, teenagers have to attend an eight-week training course—taught by local attorneys—and then pass the youth court bar exam. Those who pass the exam are sworn in as members of the Youth Bar Association. The Anchorage Youth Court hears cases in the state courthouse in Anchorage and uses procedures very much like those used in the adult court system.

About 350 teenagers volunteer their time—for an average of about of 30,000 hours per year—to the Anchorage Youth Court. Local attorneys also volunteer thousands of hours of their time to teaching the legal training course and acting as advisors to the youth court. Other community members also volunteer a substantial amount of their time (and goods and services) to keep the court going.

Defendants who come before the court are mostly first-time offenders, and none have committed violent crimes. The youth court can sentence defendants to pay restitution to their victims, do community service, and attend classes. All youth court defendants are also required to write essays—taking responsibility for what they did and who they hurt and discussing why they'll try to do better in the future.

In a recent fact sheet, the Anchorage Youth Court reported that nearly 90 percent of those tried in the youth court don't commit any more crimes. Juvenile defendants pay a total of about $9,000 a year annually to victims of their crimes and perform about 9,500 hours of community service. The average case heard by the Anchorage Youth Court costs about $450, with defendants paying $50. That $450 contrasts with the average $40,000 it costs the state to keep one juvenile in McLaughlin Youth Center for a year.

The state benefits because the juvenile justice system's caseload is reduced. But the state and the community benefit in much broader ways. The youth court system teaches teenagers about the U.S. legal system and gives them first-hand experience with it. It brings adults and teenagers together to resolve problems. It makes teenagers responsible for their actions, but also gives them a chance to clear their records.

Information provided by the Anchorage Youth Court. To learn more, call 907-274-5986 or e-mail to ayc@micronet.net

Health Risks

Youth Risk Behavior Survey

Children have never been very good at listening to their elders, but they have never failed to imitate them.

James Baldwin,
American writer

Youth Risk Behavior Survey in Alaska

Since 1990, the federal Center for Disease Control and Prevention has sponsored several Youth Risk Behavior Surveys. These are national and state surveys of high school and middle school students, asking them how much they smoke, drink, carry weapons, and do other things that endanger their health and even their lives.

The first time Alaska schools took part in the survey was in 1995. The Alaska departments of Health and Social Services and Education and Early Development administered the survey to 1,634 students at 31 high schools and 1,265 students at 32 middle schools statewide. The adjacent table shows characteristics of the students surveyed and response rates.

The survey was conducted again in 1999, with 23 Alaska school districts taking part. Results of that survey are not yet available. But the Anchorage school district (Alaska's largest district, with more than a third of the state's high-school students) did not take part in 1999. Parents objected to some of the questions, feeling that they infringed on students' and families' rights to privacy. So unlike the 1995 survey, the 1999 survey will not be a statewide sample.

Data from 1995 Youth Risk Behavior Survey in Alaska, a joint project of the departments of Health and Social Services and Education and Early Development

Youth Risk Behavior Survey in Alaska, 1995

	High Schools	Middle Schools
Number of Participating Schools	31	32
Response Rate from Sample of Schools	82%	80%
Total Respondents	**1,634***	**1,265***
Boys	821	651
Girls	807	608
Grade		
9	497	7 636
10	383	8 606
11	477	
12	269	
Unknown	8	
Race/Ethnicity		(No question about race/ethnicity)
White	1,147	
Black	87	
Hispanic or Latino	53	
Alaska Native	184	
Asian/Pacific Isl.	75	
Other	62	

** Numbers may differ slightly because not all respondents answered every question.*

Source: *Alaska Departments of Health and Social Services and Education and Early Development*

Although information from the 1995 survey is now several years old, it is the best information available, as reported by the teenagers themselves. Many of the survey findings are worrisome—but on the brighter side, the survey also shows that most of Alaska's teenagers don't bring guns to school or drive drunk or do other things that make the headlines.

On the next few pages we provide a snapshot of some of the findings from the 1995 survey in Alaska. The published report of survey findings includes many more details.[1] Here we just provide a broad picture of survey findings, to help readers see the levels of health risks among Alaska's teenagers in the 1990s.

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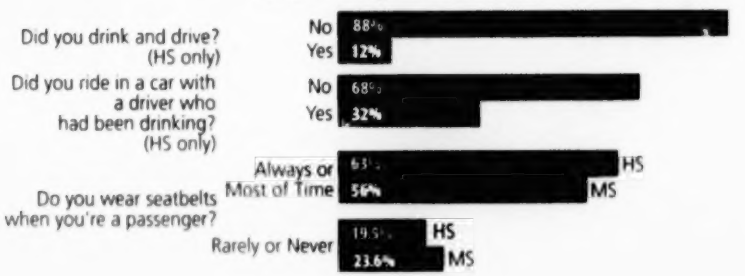
Youth Risk Behavior in Alaska (continued)

Car and other motor vehicle crashes cause 30 percent of the deaths among Alaska's young people every year—and we know many crashes involve drivers who have been drinking. Yet 20 percent of high school students and nearly 25 percent of middle school students say they seldom or never use seatbelts when riding in cars. And nearly one third of high school students report riding in cars with drivers who have been drinking.

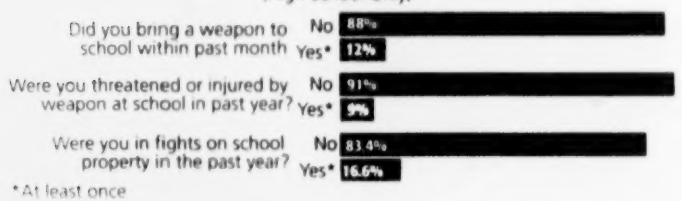
Drinking, Driving, and Seatbelts in Month Before Survey

(Middle and High School Students)



Weapons and Fighting at School

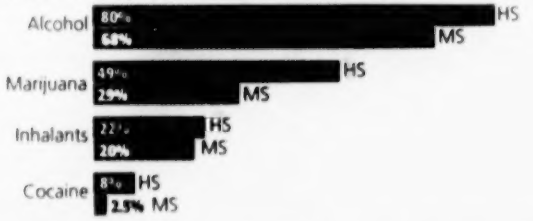
(High School Only)


Did you bring a weapon to school within past month
No
Yes* 12%
Were you threatened or injured by weapon at school in past year?
No
Yes* 9%
Were you in fights on school property in the past year?
No
Yes* 16.6%

*At least once

Alcohol or Drugs

(Middle and High School students who have used at least once)



Several times in the U.S. over the past few years—including once in Alaska—students have brought guns to school and murdered or wounded other students or teachers. But while we must stop this horrifying violence, it's useful to remember that the overwhelming majority of schools report no violence, and the overwhelming majority of students don't bring weapons to school. Still, more than one in ten of Alaska's high-school students reported bringing weapons (including guns, knives, or clubs) to school at least once in the month before the 1995 survey. Nearly one in ten reported being threatened or hurt by other students with weapons at school during the previous year. Close to one in five reported getting into one or more fights at school in the previous year.

Research has shown that teenagers who regularly use alcohol or drugs are more likely to fight, to smoke, to have sex, and even to consider suicide. We also know that alcohol and drugs not only impair judgement but can damage brain cells and even cause death. Most of Alaska's high school and even middle school students have at least tried alcohol. Nearly half of high school students and a third of middle school students have smoked marijuana. And one in five students—including those in middle school—have sniffed glue or used other inhalants that can kill.

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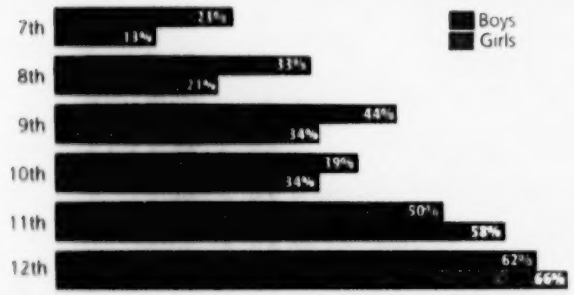
Share of Alaska Boys (15 and Older) Chewing Tobacco in Month Before Survey

We know that smoking cigarettes can cause lung cancer, emphysema, and heart disease, among other things. A growing body of evidence also shows that chewing tobacco and snuff can cause mouth and other cancers. One quarter of Alaska's high school students and nearly 10 percent of middle school students reported smoking cigarettes regularly—on at least 10 of the 30 days before the 1995 survey. And among boys—who are much more likely than girls to chew tobacco—chewing grows more common as they get older. About 16 percent of boys 15 or under reported chewing tobacco at the time of the survey, but nearly twice as many boys 18 and older chewed.

Higher Tobacco Taxes and Teenage Smoking

In 1997, Alaska tripled cigarette taxes, raising the tax on a pack of cigarettes from 29 cents to $1.00. Many health experts believe higher taxes reduce smoking by making cigarettes too expensive for some people—especially teenage smokers—to buy. Others, however, disagree about whether higher taxes actually cause people to quit smoking. The Alaska Department of Health and Social Services has commissioned a study of the effects of higher taxes on teenagers who smoke. The department also hopes the results of the 1999 Youth Risk Behavior Survey in Alaska will provide some information on the effects of the tax increase on teenage smoking. But since the survey was not conducted in the Anchorage school district, it will not provide a statewide sample.

Percentage of Alaska Students (Grades 7-12) Who Have Had Sexual Intercourse



Source: *State of Alaska Epidemiology, Bulletin #23, 1997. Based on 1995 YRBS.*

Teenagers who have sexual intercourse not only risk becoming pregnant (or fathering children), they risk being infected with sexually transmitted diseases, including AIDS, which can kill them. And research has found that many younger teenage girls who have sex don't really want to but do so anyway because they feel pressured.[2]

In Alaska, nearly one quarter of boys and more than one in ten girls in the *seventh* grade—boys and girls who are most likely 12 years old—report having had sex. That share climbs steadily through the rest of middle and high school. The 1995 survey found that the younger teenagers are when they start having sex, the more likely they are to smoke, drink, and do other things that can hurt them. By the time they are seniors in high school, nearly two thirds of both boys and girls in Alaska have had sex. Fewer than half the sexually active Alaska teenagers reported using condoms regularly in 1995, and only 18 percent of sexually active girls said they were using birth control pills.

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Notes for Health Risks Section

[1] Alaska Departments of Health and Social Services and Education, *Youth Risk Behavior Survey: Alaska Report 1995*. February 1996.

[2] K. A. Moore, A. K. Driscoll, and L. D. Lindburg, *A Statistical Portrait of Adolescent Sex, Contraception, and Childbearing*. The National Campaign to Prevent Teen Pregnancy.

Resources For Families

Books and More
Programs
Legislation

If you bungle raising your children, I don't think whatever else you do well matters much.

Jacqueline Kennedy Onassis,
U.S. First Lady, 1961-1963

Books and More

Books

- Thomas Armstrong, *In Their Own Way*. Jeremy P. Tarcher, Inc.: Los Angeles, 1987.
  Strategies to help "underachievers" learn.

- Geoffrey Caine and Renate Nummela Caine, *Making Connections: Teaching and The Human Brain*. ASCD: Alexandria, VA, 1991.
  Implications of recent brain research for teaching and learning.

- Marian Diamond, *Enriching Heredity: The Impact of the Environment on the Anatomy of the Brain*. Free Press: New York, 1988.
  Diamond's research described.

- Howard Gardner, *The Unschooled Mind: How Children Think and How Schools Should Teach*. Basic Books: New York, 1991.
  Practical advice for school reformers.

- Jane Healy, *Your Child's Growing Mind*. Doubleday: New York, 1987.
  Age-specific learning activities.

- J. Pierce, *The Owner's Manual for the Brain: Everyday Applications from Mind-Brain Research*. Bard Productions: Austin, TX 1994.
  General application of neuropsychological research.

- Ronald Kotulak, *Inside the Brain: Revolutionary Discoveries of how the Mind Works*. Kansas City: Andrews and McMeel, 1996.
  How the brain develops, gets damaged, and heals itself.

Phone

- Child Care Aware, 800-424-2246.
  Refers parents to licensed and accredited child care centers nationwide. Weekdays, 9 a.m.-5 p.m, Central Standard Time (CST).

- ChildHelp National Hotline
  800-4-A-CHILD. 24-hour-a-day advice from counselors with graduate degrees.

- National Parent Information Network, 800-583-4135. Answers, at no charge, from the country's largest parenting database. Weekdays, 8 a.m. to 5 p.m., CST.

The Internet

- http://www.youthtreeusa.com
  Directory of youth programs and resources.

- http://www.singleparents.org
  Single Parents Association. An international, nonprofit organization.

- http://www.iamyourchild.org/start.html
  A national campaign to inform the public about the critical first few years of life.

- http://www.familiesandwork.org
  Site of the Families and Work Institute.

- http://www.glef.org
  The George Lucas Foundation focuses on how children learn.

- http://www.childabuse.org
  The official Home Page of the National Committee to Prevent Child Abuse.

- http://www.naeyc.org/
  Site of the National Association for the Education of Young Children.

- http://www.babycenter.com
  BabyCenter features articles, answers to questions, name finder, and more.

- http://www.parenttime.com
  ParentTime includes advice from experts and more, for children of different ages.

- http://www.kidshealth.org
  The Nemours Foundation provides information on children's health issues.

- http://www.family.com
  A magazine format, with articles, bulletin boards, and discussion groups.

- http://www.hsph.harvard.edu/children
  Site of Harvard Center for Children's Health.

- http://www/zerotothree.org
  Site dedicated to healthy development of infants and toddlers.

- http://ericps.ed.uiuc.edu/npin/
  Information from the federally funded Educational Resource Information Center.

- http://www.totalbabycare.com
  This is the home of "House Calls," where noted pediatrician T. Berry Brazelton offers advice and answers questions.

Programs

Dena A Coy

The Dena A Coy Program is a voluntary residential substance abuse and mental health treatment program for pregnant women using alcohol or other drugs—or who previously used drugs and feel at risk of doing so again. It is part of the Southcentral Foundation and is funded by Indian Health Services and the State of Alaska.

The program offers individual treatment that includes education, support, counseling, and therapy. Women can be admitted anytime during their pregnancy. Six weeks after their babies are born, they transfer to an aftercare program providing case management and support as they return to the community.

Between June 1991 and January 1999, 148 infants were born to women in the program. Infants born through the program tend to be healthier than the women's previous children. Also, only 2 percent of those babies showed complications due to their mothers' alcohol or drug use, compared with a rate of 9.6 percent of fetal alcohol syndrome (FAS) among children previously born to the same women.

The Alaska Native Health Board has estimated that the lifetime cost of care for a child with FAS is $1.4 million. So the Dena A Coy Program may have already saved Alaskans approximately $9.8 million, by reducing the FAS rate among children born to women in the program from 9.6 percent to 2 percent.

For more information on Dena A Coy, please call (907) 333-6677 or write to 3916 East 9th Ave., Anchorage, AK 99508.

Smart Start for Alaska's Children

Smart Start for Alaska's Children aims to help all Alaska's children grow up healthy and safe in strong families. Governor Tony Knowles proposed the program in1997, and the Alaska Legislature approved it in1998.

The program works by expanding or improving programs that have already been proven to help children. It is funded by a combination of $31 million from federal Medicaid payments and $1 million from Alaska's 1997 tobacco tax increase.

Of that $32 million, $7 million will be spent for health care for children and pregnant women who lack health coverage; $11 million for programs to prevent family violence; and $14 million to protect children from abuse.

By reducing child abuse and neglect and giving kids a healthy start in life, Smart Start better prepares children to succeed in school and in later life. And over the long run, Smart Start should save the state money—by reducing future costs for health care, welfare, and criminal justice.

For more information on Smart Start, call 1-800-643-KIDS or e-mail Mthomas@comregaf.state.ak.us

If you want to volunteer to help Smart Start, call 1-907-465-3520, send an e-mail to volunteer@gov.state.ak.us or visit the Web site http://www.gov.state.ak.us/ltgov/volhome.htm

To report child abuse and neglect in Alaska, call 1-800-478-4444.

Denali Kidcare

Denali KidCare is a new State of Alaska program to ensure that children, teenagers, and pregnant women have the health insurance they need—whether they are from families with working adults or without working adults. Coverage began for eligible applicants on March 1, 1999. Officials project that the program will be serving about 5,000 people by October 2000.

Under the program, qualifying children (under age18) and pregnant women receive, at no cost, prevention and treatment services such as office calls, health checkups, vision exams and glasses, dental checkups, cleanings and fillings, and many others. Those who have existing coverage from another insurance provider may still be eligible for coverage through Denali KidCare. Teenagers who are 18 may be required to share some costs for services.

Denali KidCare is Alaska's version of Children's Health Insurance Program (CHIP), which was created by the Balanced Budget Act of 1997 and a Medicaid expansion. That Medicaid expansion was an integral part of the Smart Start proposal, also described on this page.

One incentive for participating in the CHIP/Medicaid expansion is that the state receives enhanced federal match money for Medicaid expenditures for implementing the program and providing coverage to additional children.

The estimated cost of the program for one year is about $10 million in federal money and almost $4 million in state funds. The state is also receiving a $1 million grant through the Robert Wood Johnson Foundation, to help ensure that eligible children are enrolled.

For more information or an application, call 1-888-318-8890 (outside Anchorage) or 269-6529 (in Anchorage). You can also visit the Denali KidCare Web site at www.hss.state.ak.us/dma/denali.htm Or you can write to the program at P.O. Box 240047, Anchorage, AK 99524-0047.

Focus on Prevention: Building Assets for Kids

Helping Kids Succeed—Alaskan Style is a new book developed by the Association of Alaska School Boards and several divisions of the Alaska Department of Health and Social Services, including the Division of Public Health, Section of Maternal, Child, and Family Health; and the Division of Alcoholism and Drug Abuse, Rural and Native Services.

Produced with funding from many Alaskan companies and organizations, this book describes 40 protective factors (or assets) that kids need to be successful.

The descriptions of assets are based on the model developed by the Search Institute, which studied students from seventh through twelfth grade nationwide. The institute's research spanned nine years and included more than 500,000 participants.

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The research divides assets into "external" and "internal" assets. External assets are those provided by the family, school, and community. Internal assets are the skills, values, and motivation within each child.

The Search Institute found that the more assets children have, the more likely they are to resist danger, maintain good health, help others, and succeed in school. Children with few assets (20 or fewer) are more likely to use alcohol and drugs, have more sexual relations, be more violent, have more problems in school, and be more likely to be depressed or attempt suicide.

A large portion of the Alaska assets book is dedicated to asset building ideas gathered in 114 communities across the state. Each asset explains what families, schools, community institutions, and community members can do to encourage asset growth in children. It also includes ideas that may be be helpful for traditional Alaska Native communities.

For more information or copies of the book ($4 each, including shipping), get in touch with Derek Peterson by phone at (907) 586-1083, by e-mail peterson@ptialaska.net, or by letter at Association of Alaska School Boards, 316 W. 11th Street, Juneau, AK 99801

Healthy Families Alaska

Program Description

Healthy Families Alaska is a voluntary home visitation program aimed at reducing Alaska's high rates of child abuse. It's a program of the Alaska Department of Health and Social Services, begun in 1995.

Program staff works with pregnant women and families with newborns who are under high stress from social isolation, alcohol or substance abuse, mental illness, unemployment, or other factors. As of mid-1998, the program had served nearly 500 families in 8 Alaska communities, at an estimated cost of about $4,000 per family per year. Preventing abuse is much less expensive than placing children in foster homes.

The program uses methods proven effective in other states—including frequent visits, long-term assistance, limited caseloads for staff, and coordination with other services. As of early1999, an evaluation of families participating in the program found:

- Of the families that had received visits from Healthy Families Alaska, 94 percent had no substantiated abuse and neglect.
- Of the families served in 1998, 31 percent were Alaska Native, 50 percent White, 7 percent Black, and 12 percent of unknown race.
- Of the primary care givers who enrolled in 1998 with concerns about domestic violence, 54 percent (or 120) had obtained support by Febuary 1999.
- Of the primary caregivers who had not received their GEDs or high-school diplomas and were not enrolled in educational programs in 1998, 26 percent were either enrolled or had completed one of these programs by February 1999.

Need for Program

Children living in homes with marital violence and substance abuse are at high risk of being abused. Children in homes where women are abused have a 40 to 60 percent chance of being physically abused also. The correlation is so high that professionals are beginning to recommend routine child abuse screening for children of battered women.[1]

A recent study concludes that substance abuse and addiction severely compromise or destroy the ability of parents to provide safe homes for children. But the study also found that treatment for substance-abusing parents can reduce child abuse and it is cost effective.[2]

But neither substance abuse nor domestic violence are easily resolved. Violence in the home tends to be cyclical. Women who depend financially on men who abuse them may stay in or return to dangerous situations—for them and their children.

Among those who abuse alcohol and drugs, denial, lack of motivation for seeking treatment, and lack of funding for treatment services are significant barriers to halting substance abuse. It's also common for people to relapse after treatment.

Professionals working with families with young children are in a good position to help find ways to stop domestic violence, substance abuse, and other family problems that contribute to child abuse. To do this important work, service providers must be knowledgeable about family circumstances, have skills that help motivate families to get help, and have the means to support families through relapses and recurring cycles of violence. Families also benefit from integrated family service and treatment systems.

Healthy Families Alaska programs can provide the help families and children need.

[1] *Family Violence Across the Lifespan: An Introduction*. O. Barnett and C.R. Miller-Perrin. Safe Publications, Inc.; 1997, page143.

[2] *No Safe Haven: Children of Substance-Abusing Parents*. January 1999, The Edna McConnell Clark Foundation, PRIMERICA Financial Services, Inc., and the Samuel M. Soref and Helene Soref Foundation.

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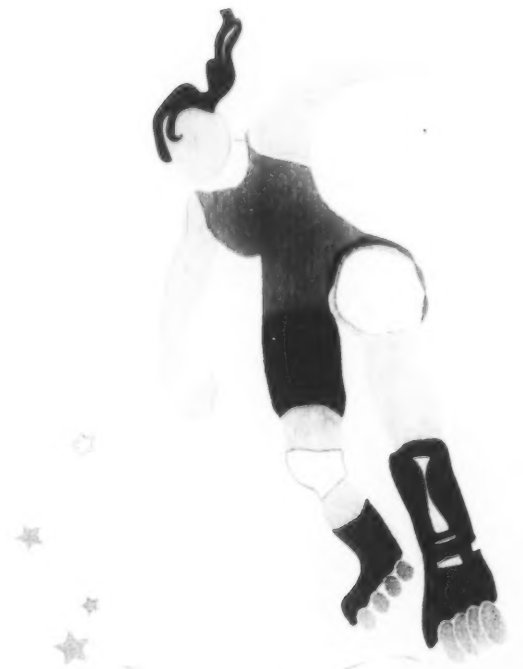
Legislation

Indicator	Effective Date of Law	Legislative Session	Bill ID	Title
Children in Danger	**8/6/94**	**18**	**SB 45**	**An act relating to persons under 21 years of age; relating to programs for runaway minors; providing for designation of shelters for runaway minors; and relating to the detention and incarceration of minors**
Children in Danger	8/8/95	19	SB 106	An act prohibiting minors from patronizing businesses that offer adult entertainment and prohibiting the employment of minors at businesses offering adult entertainment
Children in Danger	4/11/97	20	HB 45	An act relating to runaway and missing minors
Children in Danger	9/14/98	20	HB 375	An act relating to children-in-need-of-aid matters and proceedings relating to child abuse and neglect
Children in Danger	In Committee	20	HB 333	An act relating to the crime of endangering the welfare of minors
Early Childhood	6/18/98	20	SB 117	An act relating to an infant care curriculum in the public school system
Early Childhood	SD 6-11-97	20	HCR	Relating to Alcohol-Related Birth Defects Awareness Week
Economic Well-Being	7/31/97	20	SB 24	An act relating to a requirement that a parent, guardian, or custodian consent before certain minors receive abortions
Economic Well-Being	In Committee	20	HB 372	An act placing limits on prescribing and providing a contraceptive drug or device to minors
Health Risks	9/24/98	20	HB 189	An act relating to sale, gift, exchange, or distribution of tobacco and tobacco products to minors
Juvenile Justice	9/25/96	19	HB 2	An act providing for incarceration of certain nonviolent offenders in boot camps operated by the Department of Corrections
Juvenile Justice	7/7/98	20	SB 63	An act providing for automatic waiver of juvenile jurisdiction and prosecution of minors as adults for certain violations of laws by minors who use deadly weapons to commit offenses against persons
Juvenile Justice	9/15/98	20	HB 7	An act authorizing establishment of community dispute resolution centers to foster the resolution of disputes between juvenile offenders and their victims



Documentation of Indicators

Indicator	What Indicator Measures	Source	Years Available	Geographic Breakdown	Gender Breakdown	Race Breakdown	Age Breakdown
Prenatal Care	Share of mothers in Alaska receiving inadequate prenatal care	Alaska Bureau of Vital Statistics	80-96	*	All years	All years	89-96 only
Babies with Low Birth Weight	Percentage of babies weighing less than 5.5 pounds at birth	Casey Foundation; Alaska Bureau of Vital Statistics	80-96	*	All years	All years	89-96 only
Infant Mortality	Deaths among infants under age 1	Casey Foundation; Alaska Bureau of Vital Statistics	77-96	*	All years	All years	All years
Children Living in Poverty	Children in families with incomes below the federal poverty threshold	Bureau of Vital Statistics; Applied Population Laboratories	80-96	Regional 80 and 90	Not Available	Not Available	Not Available
Families Headed by Single Parents	Percentage of families headed by single parents with children	Casey Foundation; U.S. Bureau of the Census	80-96	Regional 80 and 90	Not Available	Not Available	Not Available
Births to Teens	Births among teenage girls 15 to 19	Casey Foundation; Alaska Bureau of Vital Statistics	80-97	*	All years	All years	89-97
Students with Disabilities	Children with disabilities in school and regular classrooms	Governor's Council on Disabilities and Special Education	1996	Not Available	Not Available	Not Available	Not available
High School Dropouts	Teens (16-19) who are not in school and who have not graduated	Casey Foundation; Alaska Department of Education and Early Development	80-96	School Districts	80,90	80,90	80,90
Teens Not in School and Not Working	Teens (16-19) not in school and without jobs	Casey Foundation	80-96	Not Available	All years	All years	All years
Child Death	Deaths among children ages 1-14	Alaska Bureau of Vital Statistics	77-96	*	All years	All years	89-96 only

* *Indicator is available for Kids Count regions, boroughs, and census areas–although sometimes census area figures are too small to be meaningful.*

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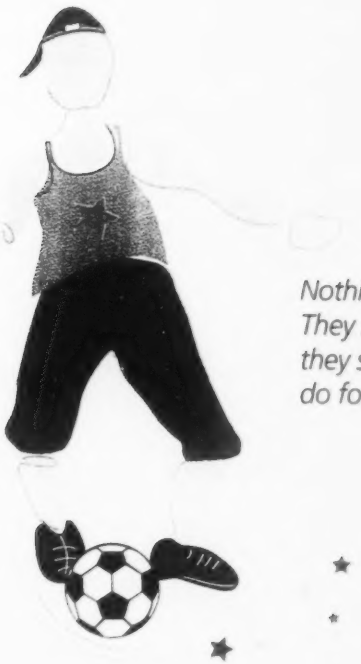
Documentation of Indicators (continued)

Indicator	What Indicator Measures	Source	Years Available	Geographic Breakdown	Gender Breakdown	Race Breakdown	Age Breakdown
Teen Violent Death	Death from homicides, suicides, and accidents among teens 15-19	Casey Foundation; Alaska Bureau of Vital Statistics	77-96	*	All years	All years	89-96 only
Child Abuse and Neglect	Reported and substantiated cases of child abuse and neglect among Alaska children under age 18	Alaska Division of Family and Youth Services	92-99	Not Available for Kids Count Regions	All years	All years	All years
Juvenile Violent Crime	Arrests for violent crimes among youths 10-17	Casey Foundation; U.S. Bureau of the Census	87-95	80 and 90, Anchorage, Fairbanks	87-95	88-95	Some age groups
Juvenile Crime in Alaska	Police referrals to juvenile corrections system	Alaska Divisions of Family and Youth Services and Juvenile Justice	92-99	*	All years	All years	All years
Health Risks	Prevalence of health risks among high-school and middle-school students	Youth Risk Behavior Survey; Alaska Division of Public Health, Section of Epidemiology	95	Not Available	95	95	By grades

** Indicator is available for Kids Count regions, boroughs, and census areas-although sometimes census area figures are too small to be meaningful.*

Note: The Alaska Department of Labor provided statewide and regional population figures that we used as the basis for calculating 5-year average rates of indicators for Alaska and regions.



Nothing you do for children is ever wasted. They seem not to notice us . . . and they seldom offer thanks, but what we do for them is never wasted.

Garrison Keillor
American writer